eference Num	bers	Facility Id 7	003148	Number of Operating Ro	oms		2
Health Service	Area 001	Planning Se	ervice Area 037	Procedure Rooms			0
IIDLAND SURG	SICAL CENTE	R LLC		Exam Rooms			0
120 MIDLANDS	COURT			Number of Recovery Sta	ations Stage	e 1	7
YCAMORE, IL				Number of Recovery Sta	_		7
Administrator			Date Complete		J		
Patricia Sulav	ver		2/13/2013	Type of Ownership			
i atiiola oala	VOI		2/10/2010	Limited Liability Compar	ny (RA requi	ired)	
Registered Age	nt			HOSPITAL T	RANSFER	RFI ATIONS	HIPS
Steven Glasg	gow MD			HOSPITAL NAME			R OF PATIENT
roperty Owner	•			Kishwaukee Community	Hospital D		
TMSCP							
egal Owner(s)							
Steven Glasgov Shane York DP				STAFFI	NG PATTE	RNS	
Russell Bodner				PERSONNEL	FULL	TIME EQUI	VALENTS
Robert Swartz N				Administrator			1.00
Regent Surgical				Physicians			0.00
				Nurse Anesthetists			0.00
Rajeev Jain MD			Director of Nurses	1.00			
Photine Liakos				Registered Nurses	10.00		
Michele Glasgo				Certified Aides			0.00
Kishwaukee Co	m. Hospital			Other Health Profs.	3.60		
				Other Non-Health Profs			
				TOTAL			20.60
				DAYS AND	HOURS OF	OPERATIO	N
				Monday			10
				Tuesday			10
				Wednesday			10
				Thursday			10
				Friday			10
				Saturday			0
				Sunday			0
NUME	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIEN	TS BY PRI		
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	115	72	187	Medicaid	78	54	132
15-44 years	241	205	446	Medicare	713	997	1,710
45-64 years	368	433	801	Other Public	14	11	25
65-74 years	302	437 549	739	Insurance Private Pay	611	628	1,239
75+ years	395	548	943	Charity Care	5 0	5 0	10 0
TOTAL	1,421	1,695	3,116	TOTAL			
				TOTAL	1,421	1,695	3,116
		NI	ET REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR			
Medicare	Ma	dicaid Othe	r Public Private Ins	urance Private Pay TOT	AI C	Charity Care	Charity Care Expense as %

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

40.5%

2,136,365

51.0%

2,690,236

7.3%

385,073

1.0%

52,750

100.0%

5,274,973

0.2%

10,549

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	4.00	1.25	5.25	1.75
OB/Gynecology	2	1.75	0.75	2.50	1.25
Ophthalmology	1722	651.00	232.50	883.50	0.51
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	701	787.50	177.75	965.25	1.38
Otolaryngology	132	84.50	14.50	99.00	0.75
Pain Management	395	128.00	36.25	164.25	0.42
Plastic	18	25.50	6.50	32.00	1.78
Podiatry	61	92.75	12.75	105.50	1.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	82	56.00	17.75	73.75	0.90
TOTAL	3116	1,831.00	500.00	2331.00	0.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Num	bers	Facility Id 7	001928	Number of Operating Ro	oms		5		
lealth Service A	Area 001	Planning Se	ervice Area 201	Procedure Rooms			2		
OCKFORD AM	BULATORY	SURGERY CENT	ER	Exam Rooms			0		
016 FEATHERS	STONE ROA	D		Number of Recovery Stations Stage 1 8					
OCKFORD, IL	61107-5902			Number of Recovery Sta	tions Stage	2	13		
dministrator			Date Complete						
Dr. Steven G	underson		2/17/2013	Type of Ownership Limited Liability Partnership (RA required)					
egistered Age				HOSPITAL TE	RANSFER F	RELATIONSH	IPS		
James Lyddo				HOSPITAL NAME		NUMBER	R OF PATIENTS		
roperty Owner				Swedish American Hosp	tial		1		
egal Owner(s)							(
JM Legacy Tru				STAFFI	STAFFING PATTERNS				
Brent Horsley, MD Carolyn Lowry				PERSONNEL	FULL-TIME EQUIVALENTS				
CVW Partnershi	in			Administrator			1.00		
	-			Physicians			0.00		
Dr.& Mrs. Stephen Croy Gary Eberle, MD			Nurse Anesthetists			0.00			
-			Director of Nurses			1.00			
Guilford Group, LLP			Registered Nurses	17.20					
Gunderson Trust TG-96			Certified Aides			2.00			
Isaac Trejo, MD			Other Health Profs. Other Non-Health Profs			7.80 9.80			
James Dougher	ty, DO				TOTAL 38.80				
AM Partnership				TOTAL			36.60		
ITJ, LLC VSM Legacy Tı	ust 2002			DAYS AND H	OURS OF	OPERATION			
Maria Laporta T	rust			Monday 10					
And Others				Tuesday			10		
				Wednesday			10		
				Thursday Friday			10 10		
				Saturday			0		
				Sunday			0		
NUMB	ER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYME	NT SOURCE		
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years	87	94	181	Medicaid	0	0	0		
15-44 years	249	585	834	Medicare	1,162	1,573	2,735		
45-64 years	638	963	1,601	Other Public	1	3	4		
65-74 years	613	809	1,422	Insurance	979	1,518	2,497		
75+ years	579	736	1,315	Private Pay	24	93	117		
TOTAL	2,166	3,187	5,353	Charity Care TOTAL	2,166	3,187	<u>0</u> 5,353		
				TOTAL	∠,100	3,107	0,353		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

58.9%

5,305,319

15.3%

1,378,995

100.0%

9,005,644

25.8%

2,321,330

0.0%

0

0.0%

0

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Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	11	8.75	4.75	13.50	1.23
Dermatology	163	131.75	68.00	199.75	1.23
Gastroenterology	29	15.00	12.25	27.25	0.94
General Surgery	167	162.25	69.75	232.00	1.39
Laser Eye Surgery	7	3.50	3.00	6.50	0.93
Neurological	36	25.00	15.00	40.00	1.11
OB/Gynecology	474	249.00	197.50	446.50	0.94
Ophthalmology	2023	1,013.50	843.00	1856.50	0.92
Oral/Maxillofacial	45	70.50	18.75	89.25	1.98
Orthopedic	549	669.00	228.75	897.75	1.64
Otolaryngology	219	118.75	91.25	210.00	0.96
Pain Management	104	66.50	43.50	110.00	1.06
Plastic	437	743.50	182.25	925.75	2.12
Podiatry	304	346.50	126.75	473.25	1.56
Thoracic	0	0.00	0.00	0.00	0.00
Urology	33	26.50	13.75	40.25	1.22
TOTAL	4601	3,650.00	1,918.25	5568.25	1.21

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi-GYNE		46	15.5	11.75	27.25	0.59
Multi-Opht	1	240	40	60	100	0.42
Pain Management	1	466	193	144.75	337.75	0.72
TOTALS	2	752	248.5	216.5	465	0.62

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Reference Num	hers	Facility Id 7	 001761	Number of Operating Rooms		0	
Health Service		Planning Se		Procedure Rooms		4	
ROCKFORD EN		ŭ	7 VIOO 7 II OU 20 I	Exam Rooms		0	
101 ROXBURY		2111211		Number of Recovery Stations	s Stage 1	10	
ROCKFORD, IL				Number of Recovery Stations	-	0	
•	. 01107		5.6.1.	Number of Receivery Citations	o Clage 2	Ü	
Administrator			Date Complete	Type of Ownership			
Nancy Garry			2/13/2013	Corporation (RA required)			
Registered Age	ent			HOSPITAL TRANS	SFER RELATIONS	HIPS	
Philip Frankf	ort			HOSPITAL NAME		ER OF PATIENTS	
Property Owne	r			St. Anthony Hospital		15	
				SwedishAmerican Hospital		10	
						0	
_egal Owner(s))					0	
Sunil S. Patel						0	
Steven O. Ikenl	herry			STAFFING PATTERNS			
S.Christopher N	•			PERSONNEL	PERSONNEL FULL-TIME EQUIVALENTS		
Robert L. Barck				Administrator		0.70	
Michael J. Manley				Physicians		3.00	
Kevin J. Peifer			Nurse Anesthetists		0.00		
	. :			Director of Nurses			
Joseph J. Vicar				Registered Nurses		11.60	
John J. DeGuid				Certified Aides		7.60	
Ilche T. Nonevs				Other Health Profs.		0.70	
Clinton T. Sned	-			Other Non-Health Profs		11.60	
Christopher M.				TOTAL		36.20	
Chandrashekha				DAYS AND HOU			
Brad A. Bowyer					RS OF OPERATIO		
Arnold M. Rose And Others	en			Monday Tuesday		10 10	
				Wednesday		10	
				Thursday		10	
				Friday		10	
				Saturday		0	
				Sunday		0	
NUME	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENTS B	Y PRIMARY PAYM	ENT SOURCE	
AGE	MALE	FEMALE	TOTAL		IALE FEMALE	TOTAL	
0-14 years	0	0	0	Medicaid	265 523	788	
15-44 years	639	1,180	1,819		2,096 2,609	4,705	
45-64 years	2,953	3,634	6,587	Other Public	13 19	32	
65-74 years	1,429	1,705	3,134		3,116 3,951	7,067	
75+ years	593	721	1,314	Private Pay	87 82 37 56	169 93	
TOTAL	5,614	7,240	12,854	Charity Care TOTAL 5	5,614 7,240	12,854	
				IOIAL	0,014 7,240	12,004	
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR			
					Charity	Charity Care	

Charity Charity Care Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Expense as % of Total Net Revenue 17.3% 1.7% 0.2% 9.7% 100.0% Expense 71.1% 1,292,039 13,767 7,469,755 128,509 5,309,682 725,758 63,360 1%

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Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

	PROCEDURE	TOTAL	SURGERY	PREP AND CLEAN-UP	TOTAL SURGERY	AVERAGE CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	12854	6427	6426	12853	1.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	12854	6427	6426	12853	1.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

Inalth Camina	bers	Facility Id 70	002835	Number of Operating Ro	oms		2		
Health Service	Area 001	Planning Se	ervice Area 201	Procedure Rooms			1		
		URGERY CENT		Exam Rooms			0		
46 ROXBURY			,	Number of Recovery Sta	tions Stage	e 1	4		
OCKFORD, IL	_			-	Number of Recovery Stations Stage 2 4				
dministrator			Date Complete						
Don Schreine	or.		2/22/2013	Type of Ownership					
Don Schleine	≓ 1		2/22/2013	Limited Liability Compan	y (RA requ	ired)			
egistered Age	ent			HOSPITAL TE	RANSFER	RFI ATIONS	HIPS		
Jan H. Ohlan	nder			HOSPITAL NAME	VAINOI LIV		ER OF PATIENTS		
roperty Owner	r			St. Anthony Medical Cer	nter	1101112	3		
egal Owner(s)	ı						0 0 0		
Rockford Ortho	pedic Assoc.			OT A FFU	NO DATTE	200	O		
OSF Saint Fran	-			PERSONNEL	STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS				
Donald Schrein	er				FULL	- I IIVIL LQU			
				Administrator Physicians			0.00 0.00		
				Nurse Anesthetists			0.00		
				Director of Nurses			1.00		
				Registered Nurses			11.39		
				Certified Aides			7.41		
				Other Health Profs.			0.00		
				Other Non-Health Profs			6.37		
				TOTAL			26.17		
				DAYS AND I	HOURS OF	OPERATIO	N		
				Monday			8		
				Tuesday			8		
				Wednesday			8		
				Thursday			8		
				Friday			8		
				Saturday Sunday			0 0		
				•	re by bou	AADV DAVA	·		
\$11 IBAT	DED OF PATIF	N 1.3 BY A(iF (i'	KUUP	NUMBER OF PATIENT	SPICKI	MANI FAIN			
	BER OF PATIE			PAYMENT SOURCE	MAIF	FEMΔI ⊏			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE Medicaid	MALE 50	FEMALE 84	TOTAL 134		
AGE 0-14 years	MALE 47	FEMALE 52	TOTAL 99	PAYMENT SOURCE Medicaid Medicare	50	FEMALE 84 497	134		
AGE 0-14 years 15-44 years	MALE	FEMALE 52 382	TOTAL	Medicaid		84			
AGE 0-14 years 15-44 years 45-64 years	MALE 47 515	FEMALE 52	TOTAL 99 897	Medicaid Medicare	50 251	84 497	134 748		
O-14 years 15-44 years 45-64 years 65-74 years	MALE 47 515 621	FEMALE 52 382 788	TOTAL 99 897 1,409	Medicaid Medicare Other Public	50 251 0	84 497 0	134 748 0		
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 47 515 621 167 73	FEMALE 52 382 788 301 149	TOTAL 99 897 1,409 468 222	Medicaid Medicare Other Public Insurance	50 251 0 1,115	84 497 0 1,088	134 748 0 2,203		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 47 515 621 167	52 382 788 301	TOTAL 99 897 1,409 468	Medicaid Medicare Other Public Insurance Private Pay	50 251 0 1,115 7	84 497 0 1,088 3	134 748 0 2,203 10		
AGE	MALE 47 515 621 167 73	52 382 788 301 149 1,672	TOTAL 99 897 1,409 468 222 3,095	Medicaid Medicare Other Public Insurance Private Pay Charity Care	50 251 0 1,115 7	84 497 0 1,088 3 0	134 748 0 2,203 10		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 47 515 621 167 73	52 382 788 301 149 1,672	TOTAL 99 897 1,409 468 222 3,095	Medicaid Medicare Other Public Insurance Private Pay Charity Care	50 251 0 1,115 7	84 497 0 1,088 3 0	134 748 0 2,203 10		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 7 of 282

6,666,687

0

626,852

8,172,562

793,704

85,318

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1931	1,356.25	718.50	2074.75	1.07
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	482	525.50	169.50	695.00	1.44
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2413	1,881.75	888.00	2769.75	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Orthopedic	1	231	77.25	77	154.25	0.67
Pain Management	0	0	0	0	0	0.00
Pain Mgmt		451	60.5	94	154.5	0.34
TOTALS	1	682	137.75	171	308.75	0.45

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 8 of 282

	bers	Facility Id 70	003124	Number of Operating Ro	oms		6		
Health Service A	Area 002	Planning Se	ervice Area 143	Procedure Rooms			0		
ENTER FOR H	IEALTH AMBI	_	ERY CENTER, LLC	Exam Rooms			0		
300 NORTH ST			·	Number of Recovery Sta	tions Stage	e 1	7		
EORIA, IL 616	315			-	Number of Recovery Stations Stage 2 17				
dministrator			Date Complete	•					
Thomas J. Fe	eldman		2/18/2013	Type of Ownership					
momas o. r c	Jaman		2/10/2010	Limited Liability Compan	y (RA requ	ired)			
egistered Age	nt			HOSPITAL TE	RANSFER	RELATIONS	HIPS		
Stephen T. M	loore			HOSPITAL NAME	to all of Livi		R OF PATIENTS		
roperty Owner	r			OSF Saint Francis Medic	cal Center		7		
OSF SFMC				COI Cant Hands wear	car ocritor,	r cona, ie	0		
egal Owner(s)							0		
Peoria Surgical	Group, Ltd						U		
OSF SFMC					NG PATTE	_	VALENTO		
Midwest Orthopa	aedic Center			PERSONNEL					
Midwest Ear No				Administrator			3.00		
Ilinois Eye Cent	ter			Physicians Nurse Anesthetists			0.00 0.00		
				Director of Nurses			1.00		
				Registered Nurses			25.00		
			Certified Aides			0.00			
				Other Health Profs.			14.00		
				Other Non-Health Profs			17.00		
				TOTAL			60.00		
				DAYS AND I	HOURS OF	OPERATION	N		
				Monday			9		
				Tuesday			8		
				Wednesday			9		
				Thursday			8		
				Friday			9		
				Saturday Sunday			0		
	SED OF DATIF	THE BY AGE O	DOUB	•	re by bbit	AADV DAVMI	· · ·		
	MALE	FEMALE		NUMBER OF PATIENT PAYMENT SOURCE	MALE	FEMALE	TOTAL		
		269	TOTAL 576	Medicaid	74	132	206		
AGE	307	591	1,149	Medicare	1,284	1,799	3,083		
AGE 0-14 years	307 558			Other Public	70	45	115		
AGE 0-14 years 15-44 years	558		2,203			1,864	3,526		
AGE 0-14 years 15-44 years 45-64 years		1,285	2,203 1,758	Insurance	1,662				
0-14 years 15-44 years 45-64 years 65-74 years	558 918			Insurance Private Pay	1,002	38	50		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	558 918 732 599	1,285 1,026	1,758 1,324		-				
AGE	558 918 732	1,285 1,026 725	1,758	Private Pay	12	38	50		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	558 918 732 599	1,285 1,026 725 3,896	1,758 1,324 7,010	Private Pay Charity Care TOTAL	12 12	38 18	50 30		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	558 918 732 599	1,285 1,026 725 3,896	1,758 1,324 7,010	Private Pay Charity Care	12 12	38 18	50 30		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 9 of 282

16,191,449

3,687,866

58,717

265,086

20,228,980

0%

50,337

25,862

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	551	161.00	255.00	416.00	0.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	119	18.00	66.00	84.00	0.71
Ophthalmology	3151	627.00	679.00	1306.00	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1431	431.00	727.00	1158.00	0.81
Otolaryngology	651	144.00	337.00	481.00	0.74
Pain Management	21	5.00	5.00	10.00	0.48
Plastic	570	89.00	107.00	196.00	0.34
Podiatry	172	40.00	46.00	86.00	0.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	344	64.00	90.00	154.00	0.45
TOTAL	7010	1,579.00	2,312.00	3891.00	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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MBULATORY SU	IRGICAL TRE	ATMENT CEN	TER PROF	FILE-2012 CENT	RAL ILLINOS ENDO	SCOPY CENTER	R, LLC P	EORIA	
eference Numbe	ers F	Facility Id 70	003139		Number of Operati	ng Rooms	_	0	
Health Service Ar		Planning Se		143	Procedure Rooms			3	
ENTRAL ILLINO		_			Exam Rooms 0				
001 MAIN STREI		i OLIVILIX, L	LO		Number of Recovery Stations Stage 1 0				
					-				
EORIA, IL 6160	0				Number of Recove	ry Stations Stage	3 2	0	
dministrator			Date Co	omplete	Type of Ownershi	n			
Karen Smith			2/2	27/2013	Limited Liability Company (RA required)				
					Limited Liability Co	ilipaliy (KA lequ	ileu)		
egistered Agent	t				HOSPIT	AL TRANSFER	RELATIONS	HIPS	
JOHN ELIAS		HOSPITAL NAME N				NUMBI	ER OF PATIENTS		
roperty Owner					METHODIST MED	ICAL CENTER		2	
								0	
egal Owner(s)								0	
METHODIST ME	DICAL CENTE	:R						0	
GI ENTERPRISE					ST	AFFING PATTE	RNS		
	,				PERSONNEL	FULL	L-TIME EQU	IVALENTS	
					Administrator			1.00	
					Physicians			0.00	
					Nurse Anesthetists	3		0.00	
					Director of Nurses			0.00	
				Registered Nurses	;		11.50		
					Certified Aides			0.80	
					Other Health Profs	S.		3.60	
					Other Non-Health	Profs		3.80	
					TOTAL			20.70	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday			9	
					Tuesday			9	
					Wednesday			9	
					Thursday			9	
					Friday			9	
					Saturday			4	
					Sunday			0	
		TS BY AGE GI			PAYMENT SOUR		MARY PAYM FEMALE	TOTAL	
AGE 0-14 years	MALE 0	FEMALE 0	TOTAL	-	Medicaid	RCE MALE 99	298	397	
15-44 years	386	710	1,09	-	Medicare	1,509	1,920	3,429	
45-64 years	2,263	2,740	5,00		Other Public	19	29	48	
65-74 years	985	1,212	2,19		Insurance	2,527	3,086	5,613	
75+ years	530	687	1,21		Private Pay	7	8	15	
TOTAL	4,164	5,349	9,51		Charity Care	3	8	11	
TOTAL	4,104	0,040	5,51	5	TOTAL	4,164	5,349	9,513	
		NE	T REVEN	UE BY PAYOR SOU	RCE FOR FISCAL Y	EAR			
							Charity	Charity Care	
	Medic	aid Other	· Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
Medicare	Medic	ala Oli loi	1 GDIIO	i iivato iiioaranoo	i iivato i ay			•	
Medicare 13.2%		.2%	0.5%	84.9%	0.2%	100.0%	Expense	Total Net Revenue	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	9513	2791	2498	5289	0.56
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	9513	2791	2498	5289	0.56

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Numbers Facility Id 7003146 Health Service Area 002 Planning Service Area 143 IUSCULOSKELETAL SURGERY CENTER, LLC 03 N WM KUMPF BOULEVARD	Number of Operating Roo Procedure Rooms			
USCULOSKELETAL SURGERY CENTER, LLC				0
03 N WM KUMPF BOULEVARD	Exam Rooms			2
	Number of Recovery Stat	ions Stage	1	3
EORIA, IL 61605	Number of Recovery Stat			3
dministrator Date Complete	•	_		
Janet E Smith 2/12/2013	Type of Ownership Limited Liability Company			
egistered Agent	HOSPITAL TR	ANSEER	RELATIONS	HIPS
Davis and Campbell	HOSPITAL NAME	ANOI EN I		ER OF PATIENTS
roperty Owner	OSF St. Francis Medical	Center	INOIVIDI	0
N/A	Cor Ct. Francis Medical	Contor		0
egal Owner(s)				0
Steven K Below, MD Stephen R Orlevitch, MD	STAFFIN	IG PATTEI	RNS	
Pierro Capecci, MD	PERSONNEL	FULL	-TIME EQU	IVALENTS
Mark R Phillips, MD	Administrator			1.00
leffrey R Garst, MD	Physicians			3.00
lames W Maxey, MD	Nurse Anesthetists			0.00
Brian Ted Maurer	Director of Nurses Registered Nurses			1.00 4.00
Ronald E Palmer	Certified Aides			0.00
	Other Health Profs.			4.00
	Other Non-Health Profs			1.00
	TOTAL			14.00
	DAYS AND H	OURS OF	OPERATIO	N
	Monday			0
	Tuesday			0
	Wednesday			0
	Thursday			0
	Friday Saturday			0 0
	Sunday			0
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYN	IENT SOURCE
AGE MALE FEMALE TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years 18 16 34	Medicaid	22	40	62
15-44 years 189 88 277	Medicare	91	108	199
45-64 years 373 247 620	Other Public	0 553	0	0
65-74 years 74 68 142	Insurance Private Pay	552	295 1	847
75+ years 22 29 51	Charity Care	2 9	4	3 13
TOTAL 676 448 1,124	TOTAL	676	448	1,124
NET REVENUE BY PAYOR	R SOURCE FOR FISCAL YEAR			
			Charity	Charity Care
Medicare Medicaid Other Public Private Insurar	nce Private Pay TOTA	LS	Care	Expense as % of
Medicare Medicaid Other Public Private Insurar				

3,832,073

4,251

3,939,583

109,693

103,259

0

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1124	1,076.50	538.20	1614.70	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1124	1,076.50	538.20	1614.70	1.44

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

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Reference Numb	ers	Facility Id	7001530		Number of Opera	ating Rooms		1	
Health Service Ar		Planning S		ea 143	Procedure Rooms			3	
PEORIA AMBULA		•		ia 145	Procedure Rooms Exam Rooms			0	
		JERT CENTER				Ctations Ctans	4	_	
909 N. GLEN PA						very Stations Stage		4	
PEORIA, IL 6161	4				Number of Reco	very Stations Stage	2	5	
Administrator			Date (Complete	Type of Owners	chin			
Cynthia J. Leis	inger, MBA,	CAS	2	/28/2013		-			
					Corporation (RA	requirea)			
Registered Agent	t				HOSE	PITAL TRANSFER R	FI ATIONS	HIPS	
Carl W. Soders	strom, MD				HOSPITAL NAM	_		III O ER OF PATI	ENTS
Property Owner						al Center, Peoria, IL		LNOFFAII	
CWS Real Esta	ate LLC				Methodist Medic	ai Center, Peona, iL			2 0
									0
.egal Owner(s)									0
.cyai Owiiei(S)									0
Carl W. Soderstro	om, MD								
						STAFFING PATTER			
					PERSONNEL	FULL	TIME EQU	IVALENTS	=
					Administrator			1.00	
					Physicians			1.00	
					Nurse Anestheti			0.00	
					Director of Nurs			1.00	
					Registered Nurs	ses		12.00	
					Certified Aides Other Health Pro	ofo		0.00 1.00	
					Other Non-Heal			1.00	
					TOTAL	111 F 1015		17.00	_
					TOTAL			17.00	
					DAY	S AND HOURS OF	OPERATIO	N	_
					Monday			10	
					Tuesday			10	
					Wednesday			10	
					Thursday			10	
					Friday			10	
					Saturday Sunday			5 0	
NUMBE	R OF PATIE	NTS BY AGE	GROUP		NUMBER OF F	PATIENTS BY PRIM	ARY PAYN	ENT SOUR	CE
AGE	MALE	FEMALE	TOTA	AL	PAYMENT SO	URCE MALE	FEMALE	TOTAL	_
0-14 years	27	29		56	Medicaid	28	61	89	
15-44 years	163	450		13	Medicare	548	371	919	
45-64 years	303	410		13	Other Public	0	0	4.000	
65-74 years	289	182		71	Insurance	601	681	1,282	
75+ years	408	269		577	Private Pay	13	227	240	
TOTAL	1,190	1,340	2,5	30	Charity Care TOTAL	1 100	1 340	2 530	_
					TOTAL	1,190	1,340	2,530)
			ET DEVE	NUE BY PAYOR SOL	IDCE FOD EISCAL	VEAD			
		N	LI KEVE	HUE BI FAIUR SUL	NOE FUR FISUAL	LIEAN	Oh a die	Ob''	0
8.4 - JP			an Destair	Debasto Local	Deliver of D	TOTALO	Charity	Charity	
Medicare			er Public	Private Insurance	Private Pay	TOTALS	Care	Expense a Total Net R	
18.3%		1.2%	0.0%	57.7%	22.8%	100.0%	Expense		
416,201	26	5,653	0	1,309,657	518,906	2,271,417		0	0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	39	41.00	14.25	55.25	1.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	179	350.00	74.50	424.50	2.37
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	218	391.00	88.75	479.75	2.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi Derm	3	2312	1093	827.25	1920.25	0.83
Pain Management	0	0	0	0	0	0.00
TOTALS	3	2312	1093	827.25	1920.25	0.83

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 16 of 282 1/7/2014

MBULATORY S	SURGICAL TR	REATMENT CEN	TER PROFILE-2012	PEORIA DAY SURGERY CEN	TER	P	PEORIA		
Reference Num	bers	Facility Id 7	001449	Number of Operating F	Rooms		4		
Health Service	Area 002	Planning Se	ervice Area 143	Procedure Rooms			1		
PEORIA DAY SI	URGERY CEN	NTER		Exam Rooms			0		
309 N. KNOXV	ILLE AVENUE	=		Number of Recovery S	Number of Recovery Stations Stage 1 8				
PEORIA, IL 616	614-2017			Number of Recovery S	Stations Stage	e 2	14		
Administrator			Date Complete	Type of Ownership					
Rita Hancock	(2/28/2013	Type of Ownership Corporation (RA requi	Corporation (RA required)				
Registered Age	nt			HOSPITAL	TRANSFER	RELATIONS	HIPS		
Brent Gwillia	m			HOSPITAL NAME			ER OF PATIENTS		
Property Owner	r			Proctor Hospital, Peor	ia		10		
Peoria Urolog	gical Investme	nt Group		Trodor Hoopital, Fool	iu		0		
.egal Owner(s)							0		
GAVISH PATEI	•			STAF	FING PATTE	RNS			
JOHN RICHIER	•			PERSONNEL					
JOHN MUELLE	•			Administrator			1.00		
JAMES KLEME	•			Physicians			0.00		
JAMES GERAC	•			Nurse Anesthetists			0.00		
JACEK GRACZYKOWSKI, M.D.				Director of Nurses			0.00		
RA URETZKY,				Registered Nurses			14.70		
ANTHONY DECEANNE, D.P.M. GIOVANNI COLOMBO, M.D.				Certified Aides	Other Health Profs.				
				Other Health Profs.					
JOSHUA CROL	LAND, M.D.			Other Non-Health Pro	Other Non-Health Profs				
FRED BRAAST	AD, M.D.			TOTAL			29.60		
DEMACEO HO	WARD, M.D.								
CURTIS WARD), D.P.M.			DAYS AND	HOURS OF	OPERATIO	N		
CHRISTOPHER	R LANSFORD	, M.D.		Monday	Monday 10				
And Others				Tuesday			10		
				Wednesday			10		
				Thursday			10		
				Friday			10		
				Saturday			0		
				Sunday			0		
		ENTS BY AGE G		NUMBER OF PATIE					
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE		FEMALE	TOTAL		
0-14 years	256	288	544	Medicaid Medicara	80	308	388		
15-44 years	296	875	1,171	Medicare Other Public	850 18	835 10	1,685 28		
45-64 years 65-74 years	590 480	826 487	1,416 967	Insurance	1,095	1,793	2,888		
75+ years	460 447	487 489	936	Private Pay	26	1,793	2,888 45		
TOTAL	2,069	2,965	5,034	Charity Care	0	0	0		
IOIAL	2,009	2,300	5,00 1	TOTAL	2,069	2,965	5,034		
		AIE	T REVENIIE BY DAY	OR SOURCE FOR FISCAL YEAR	2				
		NE	I NEVENUE DI FAI	ON GOONGE FON FISCAL FEAT	`	Charity	Charity Care		
Medicare	e Med	dicaid Othe	Public Private Insu	ırance Private Pay TC	TALS	Care	Expense as % o		
33.0%		1.6%		•	00.0%	Expense	Total Net Revenu		
2 442 545					7 205 506	•	0 00/		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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4,717,495

56,937

7,395,506

0

60,610

2,442,515

117,949

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	128	128.00	96.00	224.00	1.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	502	502.00	376.50	878.50	1.75
Ophthalmology	531	265.50	398.25	663.75	1.25
Oral/Maxillofacial	2	1.50	1.00	2.50	1.25
Orthopedic	55	55.00	35.75	90.75	1.65
Otolaryngology	674	674.00	505.50	1179.50	1.75
Pain Management	198	198.00	562.00	760.00	3.84
Plastic	176	352.00	137.50	489.50	2.78
Podiatry	315	315.00	315.00	630.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1726	863.00	647.25	1510.25	0.88
TOTAL	4307	3,354.00	3,074.75	6428.75	1.49

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	727	545.25	363.5	908.75	1.25
TOTALS	1	727	545.25	363.5	908.75	1.25

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY S	SURGICAL TR	EATMENT CEN	TER PROFILE-2012	RENAL INTERVENTION CENT	ER, LLC	N	MORTON	
Reference Num	bers	Facility Id 70	002728	Number of Operating R	ooms		2	
Health Service A	Area 002	Planning Se	ervice Area 179	Procedure Rooms			0	
ENAL INTERV	ENTION CEN	TER, LLC		Exam Rooms			1	
30 MAXINE DR	RIVE			Number of Recovery S	tations Stage	1	4	
ORTON, IL 61	550			Number of Recovery S	_		4	
dministrator			Date Complete					
Beth Shaw			2/13/2013	Type of Ownership				
Dour Griaw			2, 10, 20 10	Limited Liability Compa	ny (RA requ	ired)		
Registered Age	nt			HOSPITAL 1	RANSFER	RFI ATIONS	HIPS	
Husch Regist	tered Agent, In	ic		HOSPITAL NAME			ER OF PATIENTS	
roperty Owner	r			OSF St. Francis Medic	al Contor B		6	
RenalCare LL				Methodist Medical Cen			0	
				Wethodist Wedical Cen	tor, i coria, i	L	0	
ogal Owner(s)							0	
egal Owner(s)							0	
RenalCare Asso	ociates, S.C.			07.55	INO DATE	DNC		
OSF St. Francis	s Inc.			STAFF PERSONNEL	ING PATTE	_	IVALENTS	
Heartland Home	e Healthcare				FUL	TIME EQU		
				Administrator			0.25	
				Physicians			0.00	
				Nurse Anesthetists Director of Nurses			0.00 1.00	
				Registered Nurses			6.00	
				Certified Aides			0.00	
				Other Health Profs.			3.00	
				Other Non-Health Profe	S		1.00	
				TOTAL			11.25	
							-	
				DAYS AND HOURS OF OPERATION				
				Monday			0	
				Tuesday			9	
				Wednesday			0	
				Thursday Friday			0	
				Saturday			9 0	
				Sunday			0	
NUMB	ED OF DATIE	NTC DV ACE O	DOLLD	NUMBER OF PATIEN	ITC DV DDII	AADV DAVN	IENT SOURCE	
		NTS BY AGE G		PAYMENT SOURCE	MALE	FEMALE	TOTAL	
AGE 0-14 years	MALE 0	FEMALE 0	TOTAL 0	Medicaid	WALE 5	FEMALE 7	12 12	
15-44 years	34	27	61	Medicare	199	190	389	
45-64 years	78	68	146	Other Public	2	0	2	
65-74 years	82	59	141	Insurance	51	36	87	
75+ years	64	80	144	Private Pay	1	1	2	
TOTAL	258	234	492	Charity Care	0	0	0	
				TOTAL	258	234	492	
		AIF	T DEVENUE BY BAY	OD SOUDCE FOR FISCAL VEAR				
		NE	I REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR	•	Charity	Charity Care	
Medicare	Med	licaid Other	Public Private Insu	ırance Private Pay TO	ΓALS	Care	Expense as % of	
83.3%		0.7%		•	00.0%	Expense	Total Net Revenu	
414.675		2.07		11 275 6 604	407.052	•	0 0%	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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71,275

6,604

497,852

3,297

414,675

2,000

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	492	679.00	226.00	905.00	1.84
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	492	679.00	226.00	905.00	1.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 20 of 282

IBULATORY SUR	GICAL TR	EATMENT CEN	TER PROFILE-201	BLESSING HOSPITAL			QUINCY
eference Number	s	Facility Id 70	003120	Number of Operating I	Rooms		3
Health Service Area	a 003	Planning Se	ervice Area 001	Procedure Rooms			3
LESSING HOSPIT	AL			Exam Rooms			0
118 HAMPSHIRE S	STREET			Number of Recovery S	Stations Stage	e 1	3
UINCY, IL 62301				Number of Recovery S	_		6
				realiser of recovery c	olations olage	, _	Ü
dministrator			Date Complete	Type of Ownership			
Maureen Kahn			2/25/2013	Other Not For Profit O	wnership		
egistered Agent				HOSPITAL	TRANSFER	RELATIONS	HIPS
namenty Overnor				HOSPITAL NAME		NUMBI	ER OF PATIENTS
roperty Owner							0
Quincy Medical (Group						0
							0
egal Owner(s)							0
							0
Blessing Hospital				STAF	FING PATTE	RNS	
				PERSONNEL	FULI	L-TIME EQU	IVALENTS
				Administrator			0.00
				Physicians			0.00
				Nurse Anesthetists			0.00
				Director of Nurses			0.00
				Registered Nurses			21.50
				Certified Aides			0.00
				Other Health Profs.	_		12.70
				Other Non-Health Pro	fs		3.00
				TOTAL			37.20
				DAYS ANI	O HOURS OF	OPERATIO	N
				Monday			10
				Tuesday			10
				Wednesday			10
				Thursday			10
				Friday			10
				Saturday			0
				Sunday			0
NUMBER	OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIE	NTS BY PRI	MARY PAYN	IENT SOURCE
AGE I	ЛALE	FEMALE	TOTAL	PAYMENT SOURCE		FEMALE	TOTAL
0-14 years	330	223	553	Medicaid	312	435	747
15-44 years	464	821	1,285	Medicare	1,542	2,080	3,622
	1,336	1,862	3,198	Other Public	20	28	48
65-74 years	819	1,184	2,003	Insurance	1,617	2,193	3,810
75+ years	668	848	1,516	Private Pay	60	114	174
TOTAL	3,617	4,938	8,555	Charity Care	66	88	154
				TOTAL	3,617	4,938	8,555
				NOD 001100- TOT	-		
		NE	: I REVENUE BY P	AYOR SOURCE FOR FISCAL YEAR	К	.	a
						Charity	Charity Care
						•	
Medicare 0.0%		dicaid Other	Public Private I	•	OTALS 00.0%	Care Expense	Expense as % of Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 21 of 282

0

0

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	49	17.80	12.20	30.00	0.61
General Surgery	634	529.10	158.60	687.70	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	258	151.10	64.60	215.70	0.84
Ophthalmology	2143	700.00	535.80	1235.80	0.58
Oral/Maxillofacial	100	123.40	25.00	148.40	1.48
Orthopedic	460	398.80	115.00	513.80	1.12
Otolaryngology	525	273.20	131.20	404.40	0.77
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	31	41.50	7.80	49.30	1.59
Podiatry	171	208.40	42.80	251.20	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	20	20.70	5.00	25.70	1.29
TOTAL	4391	2,464.00	1,098.00	3562.00	0.81

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	4164	1733	416	2149	0.52
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	4164	1733	416	2149	0.52

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Num	hers	Facility Id 70	002306	Number of Opera	ing Rooms		3		
Health Service		Planning Se		Procedure Rooms	-		0		
		ENTER OF ILLIN		Exam Rooms	•		1		
			1010		on, Stations Stag	. 1	4		
136 OLD JACK		OAD, 51E 250			· · · · · · · · · · · · · · · · · · ·				
PRINGFIELD, I	IL 62704			Number of Recov	ery Stations Stage	9 2	5		
dministrator			Date Complete	Type of Ownersh	in				
Leo K. Ludwi	g M.D.		2/19/2013	Limited Liability P	-	quired)			
egistered Age	nt			HOSPI	TAL TRANSFER	RELATIONS	HIPS		
ROBERT W.	KAY			HOSPITAL NAME	<u> </u>	NUMBI	ER OF PATIENTS		
roperty Owner	r			MEMORIAL MED					
	HEALTH VEN	TURES		memora de mes			0		
.egal Owner(s)							0		
ORTO, LLC MEMORIAL HE	ΔΙ ΤΗ VENTU	IDEQ		s	TAFFING PATTE	RNS			
VILIVIOI (IAL I IL.	., LIII VLINIU			PERSONNEL					
				Administrator			0.20		
				Physicians			0.00		
				Nurse Anesthetis	ts		0.90		
				Director of Nurse	5		1.00		
				Registered Nurse	S		8.40		
				Certified Aides					
				Other Health Prof			2.90		
				Other Non-Health	Profs		2.00		
				TOTAL			15.40		
				DAYS	AND HOURS OF	OPERATIO	N		
				Monday			10		
				Tuesday			10		
				Wednesday			10		
				Thursday			10		
				Friday			10		
				Saturday Sunday			0 0		
				•			•		
		ENTS BY AGE G		PAYMENT SOU	ATIENTS BY PRII RCE MALE	FEMALE	TOTAL		
AGE 0.14 veers	MALE	FEMALE	TOTAL	Medicaid	RCE WALE 20	38	58		
0-14 years 15-44 years	5 248	5 234	10 482	Medicaid	535	837	58 1,372		
45-64 years	606	612	462 1,218	Other Public	0	0.57	0		
65-74 years	302	430	732	Insurance	838	810	1,648		
75+ years	234	404	638	Private Pay	2	0	2		
TOTAL	1,395	1,685	3,080	Charity Care	0	0	0		
TOTAL	1,000	1,000	0,000	TOTAL	1,395	1,685	3,080		
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL	YEAR	Objective	Objective On		
		ara ara on	Bullio Billio	B: : B	TOTALO	Charity	Charity Care		
Medicare			Public Private Ins	•	TOTALS	Care	Expense as % of		
11.6%)	2.3%	0.0%	85.9% 0.2%	100.0%	Expense	Total Net Revenu		
EQ4 204		7 0 2 1	_	27 747 0 204	E 029 020		0 00/		

8,281

5,038,020

0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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4,327,717

0

584,201

117,821

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1035	1,092.00	335.50	1427.50	1.38
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2045	368.00	170.50	538.50	0.26
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3080	1,460.00	506.00	1966.00	0.64

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 24 of 282 1/7/2014

IBULATORY SU	RGICAL TREATI	MENT CENTER PR	OFILE-2012 PRAIF	RIE DIAGNOSTIC C	ENTER at St. Joh	nns Hosp S	PRINGFIELD
eference Numbe	ers Fac	ility Id 7003114		Number of Opera	ting Rooms		0
Health Service Are		Planning Service Ar	ea 167	Procedure Rooms	-		2
		St. Johns Hospital		Exam Rooms			0
01 EAST CARPE		ot. como mospitar		Number of Recov	ery Stations Stage	a 1	0
	_				-		_
PRINGFIELD, IL	62702			Number of Recov	ery Stations Stage	9 2	8
dministrator			Complete	Type of Ownersh	nin		
Mitch Rogers		2	2/28/2013	Church Related N	•		
egistered Agent							
egistered Agent				HOSPI HOSPITAL NAMI	TAL TRANSFER		HIPS ER OF PATIENTS
roperty Owner				St Johns Hospita		INOIVIDE	8
				•		ıld	7
				Memorial Medica	Center, Springfie	iu	0
(-)							0
egal Owner(s)							0
St. John's Hospita	ıl			S	TAFFING PATTE	DNS	•
				PERSONNEL	_	L-TIME EQUI	IVALENTS
				Administrator			1.00
				Physicians			0.00
				Nurse Anesthetis	ts		0.00
				Director of Nurse			0.00
				Registered Nurse			6.00
				Certified Aides			0.00
				Other Health Pro	ie.		6.00
				Other Non-Health			3.00
				TOTAL	11 1010		16.00
				TOTAL			10.00
					AND HOURS OF	OPERATIO	
				Monday			12
				Tuesday			12
				Wednesday			12
				Thursday			12
				Friday			12
				Saturday			0 0
		DV 405 0D0UD		Sunday	ATICNITO DV DDU	MADY DAYM	·
AGE		BY AGE GROUP EMALE TOTA	٨١	PAYMENT SOU	ATIENTS BY PRII RCE MALE	FEMALE	TOTAL
0-14 years	0	0	0	Medicaid	26	41	67
15-44 years	30	29	59	Medicare	383	319	702
45-64 years	265		168	Other Public	6	0	6
65-74 years	226		104	Insurance	215	132	347
75+ years	169		308	Private Pay	10	8	18
TOTAL	690		239	Charity Care	50	49	99
	000	0-10 1,2	-00	TOTAL	690	549	1,239
		NET REVE	NUE BY PAYOR SOU	IRCE FOR FISCAL	YEAR		
						Charity	Charity Care
						-	
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
Medicare 46.4%	Medicaid 1.4%		Private Insurance 51.2%	Private Pay 0.1%	TOTALS 100.0%	Care Expense	Expense as % of Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 25 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	CLEAN-UP TIME (HOURS)	SURGERY TIME (HOURS)	CASE TIME (HOURS)
			(/	(/	,	,
Cardiac Catheteriza	2	1239	14.52	20	34.52	0.03
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1239	14.52	20	34.52	0.03

eference Num	nbers	,	003147	Number of Operating Ro	ooms		2	
Health Service		Planning Se		Procedure Rooms			2	
		SOCIATES, LLC		Exam Rooms			1	
2020 WEST ILE				Number of Recovery Sta	_		5	
SPRINGFIELD,	IL 62704			Number of Recovery Sta	ations Stage	2	0	
Administrator			Date Complete	Type of Ownership				
Patty William	ns		2/20/2013	Sole Proprietorship				
Registered Age	ent			HOSPITAL TI	RANSFER F	ELATIONS	HIPS	
				HOSPITAL NAME		NUMBI	ER OF PATIEN	TS
Property Owne	r			St. John's Hospital, Spri	-			0
				Memorial Medical Cente	er, Springfiel	t		0
and Own ()								0
.egal Owner(s))							0
Stuart Farris, M				STAFFI	NG PATTER	NS		
Sandra Yeh, Mi				PERSONNEL		TIME EQU	IVALENTS	
Michael Watsor	•			Administrator			0.00	
Fred Rauscher,	, ועוט			Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses			6.00	
				Certified Aides			0.00	
				Other Health Profs.			2.00	
				Other Non-Health Profs			2.00	
				TOTAL			11.00	
				DAYS AND	HOURS OF	OPERATIO		
				Monday			9	
				Tuesday Wednesday			9 9	
				vvednesday Thursday			9	
				Friday			9	
				Saturday			0	
				Sunday			0	
NUME	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIEN	TS BY PRIM	ARY PAYM	ENT SOURCE	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	0	0	0	Medicaid	9	37	46	
15-44 years	66	53	119	Medicare	914	1,484	2,398	
45-64 years	371	584	955	Other Public	29	18	47	
65-74 years	495	803	1,298	Insurance	415	573	988	
75+ years	441	678	1,119	Private Pay	6	5	11	
TOTAL	1,373	2,118	3,491	Charity Care	0	1	1	
				TOTAL	1,373	2,118	3,491	
		NI	ET REVENUE BY PAYO	OR SOURCE FOR FISCAL YEAR				
						Charity	Charity Car	re
Medicare	e Me	dicaid Othe	r Public Private Insu	rance Private Pay TOT	ALS	Care	Expense as %	
38 1%		010		14.0% 14.0% 10	-	Expense	Total Net Reve	

14.0%

417,190

100.0%

2,983,770

44.0%

1,312,310

38.1%

1,136,460

1.1%

31,660

2.9%

86,150

Total Net Revenue

0%

Expense

6,800

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1636	434.00	263.50	697.50	0.43
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	162	91.00	54.50	145.50	0.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1798	525.00	318.00	843.00	0.47

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	1628	150	138	288	0.18
Opthalmic	1	65	14.75	12	26.75	0.41
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1693	164.75	150	314.75	0.19

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

MBULATORY S	SURGICAL TI	REATMENT CEN	TER PROFILE-2012	SPRINGFIELD CLINIC, LL	P	S	PRINGFIELD	
Reference Num	bers	Facility Id 7	002694	Number of Operation	ng Rooms		5	
Health Service	Area 003	Planning Se	ervice Area 167	Procedure Rooms			4	
PRINGFIELD (CLINIC, LLP	-		Exam Rooms			13	
025 SOUTH 6T	•			Number of Recove	rv Stations Stage	e 1	29	
SPRINGFIELD,		48		Number of Recove	-		0	
•	12 02/01/02	.0	5.6	rumber er receve	ry classone clags	-	Ü	
Administrator			Date Complete 2/22/2013	Type of Ownershi	р			
Randall Brya	nt		2/22/2013	Limited Liability Pa	Limited Liability Partnership (RA required)			
Registered Age				HOSPIT	AL TRANSFER	RELATIONS	HIPS	
Randall Brya				HOSPITAL NAME		NUMBI	ER OF PATIENTS	
Property Owner				St. John's Hospital	, Springfield		0	
Springfield C	linic, LLP			Memorial Medical		ld	14	
							0	
.egal Owner(s))						0	
							0	
Springfield Clini	ic, LLP			ST	AFFING PATTE	RNS		
				PERSONNEL	FUL	FULL-TIME EQUIVALENTS		
				Administrator			1.00	
				Physicians			0.00	
				Nurse Anesthetists	3		8.00	
				Director of Nurses			1.00	
				Registered Nurses	;		69.00	
				Certified Aides			0.00	
				Other Health Profs			17.00	
				Other Non-Health	Profs		18.00	
				TOTAL			114.00	
				DAYS	AND HOURS OF	OPERATIO	N	
				Monday			12	
				Tuesday			12	
				Wednesday			12	
				Thursday			12	
				Friday			12	
				Saturday			0	
				Sunday			0	
		ENTS BY AGE G		NUMBER OF PA				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOUR		FEMALE	TOTAL	
0-14 years	320	256	576	Medicaid	0	2	2	
15-44 years	1,025	1,541	2,566	Medicare	3,027	4,042	7,069	
45-64 years	3,609	4,581	8,190	Other Public Insurance	0 5.025	0 6.400	0 11 425	
65-74 years	1,955 1,468	2,498	4,453 3 388	Private Pay	5,025 325	6,400 352	11,425 677	
75+ years	1,468	1,920	3,388	Charity Care	325	352	0	
TOTAL	8,377	10,796	19,173	TOTAL	8,377	10,796	19,173	
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL Y	EAR			
						Charity	Charity Care	
Medicare	e Me	edicaid Othe	r Public Private In	surance Private Pay	TOTALS	Care	Expense as % of	
12.6%	, 0	0.0%	0.0%	86.6% 0.8%	100.0%	Expense	Total Net Revenue	
0 477 407				204.405	05 400 770		0 00/	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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21,824,135

192,501

25,193,773

3,177,137

0

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1143	625.50	306.75	932.25	0.82
Laser Eye Surgery	240	1.25	40.00	41.25	0.17
Neurological	11	10.75	5.25	16.00	1.45
OB/Gynecology	362	156.00	89.75	245.75	0.68
Ophthalmology	3065	817.00	539.50	1356.50	0.44
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2163	1,026.50	478.25	1504.75	0.70
Otolaryngology	816	443.50	207.50	651.00	0.80
Pain Management	811	87.50	135.00	222.50	0.27
Plastic	597	465.75	124.75	590.50	0.99
Podiatry	221	209.25	50.75	260.00	1.18
Thoracic	0	0.00	0.00	0.00	0.00
Urology	369	100.25	86.25	186.50	0.51
TOTAL	9798	3,943.25	2,063.75	6007.00	0.61

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	9375	3342	1565.5	4907.5	0.52
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	4	9375	3342	1565.5	4907.5	0.52

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 30 of 282 1/7/2014

			TER PROFILE-2012	BLOOMINGTON EYE INSTITU	·		LOOMINGTON		
eference Num		,	002249	Number of Operating Ro	ooms		2		
Health Service		Planning Se	ervice Area 113	Procedure Rooms			0		
LOOMINGTON		UTE, LLC		Exam Rooms		. 4	0		
008 N. CENTE				Number of Recovery St	_		2		
LOOMINGTON	i, iL 61/01			Number of Recovery St	ations Stage	e Z	3		
dministrator			Date Complete	Type of Ownership					
Tom Restivo			2/27/2013	Limited Liability Compar	ny (RA requ	ired)			
egistered Age	nt			HOSPITAL T	RANSFER	RELATIONS	HIPS		
-	n/ Locke, Lord	l, Bi		HOSPITAL NAME		NUMBI	ER OF PATIENTS		
roperty Owner	•			Advocate BroMenn Reg	ional Medic	al Center, Bl	ooming 4		
Gailey Eye In	stitute Proper	ties		Advocate BroMenn Reg	ional Medic	al Center, Bl	ooming 0		
egal Owner(s)							0		
Sumit Bhatia, M				STAFF	NG PATTE	RNS			
Robert Lee, MD	1			PERSONNEL	FUL	L-TIME EQU	IVALENTS		
Ken Barba, MD Joseph Harman	MD			Administrator			0.25		
Gregory Halperi	•			Physicians			0.00		
Ara Aprahamiar				Nurse Anesthetists					
ча Аргананна	i, iviD			Director of Nurses			1.00		
				Registered Nurses			9.05		
				Certified Aides Other Health Profs.			1.00 4.00		
				Other Non-Health Profs			4.75		
				TOTAL			20.05		
				-					
				Monday	HOURS OF	OPERATIO	N 10		
				Tuesday			10		
				Wednesday			10		
				Thursday			10		
				Friday			0		
				Saturday			0		
				Sunday			0		
NUMB AGE	MALE	ENTS BY AGE G FEMALE	TOTAL	NUMBER OF PATIEN PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years	7	10	17	Medicaid	15	30	45		
15-44 years	25	32	57	Medicare	1,300	1,803	3,103		
45-64 years	421	662	1,083	Other Public	26	4	30		
65-74 years	662	986	1,648	Insurance	551	857	1,408		
75+ years	792	1,022	1,814	Private Pay	15	18	33		
TOTAL	1,907	2,712	4,619	Charity Care	0	0	0		
				TOTAL	1,907	2,712	4,619		
		NE	ET REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR					
		141				Charity	Charity Care		
Medicare	Med	dicaid Othe	r Public Private Insu	urance Private Pay TOT	ALS	Care	Expense as % of		
54.7%	D	0.5%	0.3%	33.6% 11.0% 10	0.0%	Expense	Total Net Revenu		
2 116 072	4.	7 0 1 2	13 500 1 30	00 176 404 000 3	074 504		0 00/		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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1,300,176

424,002

3,871,594

0

2,116,073

17,842

13,500

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	1291	40.00	43.00	83.00	0.06
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3328	815.00	665.50	1480.50	0.44
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4619	855.00	708.50	1563.50	0.34

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

eference Numbers	Facility Id 70	002512	Number of Operating	Rooms		4	
Health Service Area 004	J		Procedure Rooms			0	
BLOOMINGTON/NORMAL I	HEALTHCARE SU	RGERY CENTER, LLC	Exam Rooms			0	
100 FORT JESSE ROAD			Number of Recovery	_		8	
NORMAL, IL 61761			Number of Recovery	Stations Stage	: 2	5	
Administrator Brenda Cyrulik		Date Complete 1/31/2013	Type of Ownership Limited Liability Comp	oany (RA requi	red)		
Registered Agent			HOSPITAL	TRANSFER F	RELATIONSHI	PS	
Sarah Chacko			HOSPITAL NAME		NUMBER	OF PATIENTS	
Property Owner			St. Joseph Medical C	enter		2	
			Advocate BroMenn R	egional Medica	al Center	1	
10 ()						(
.egal Owner(s)						C	
MARC LEONARD			QT A E	FING PATTER	RNS	·	
BRETT KELLER			PERSONNEL		TIME EQUIV	ALENTS	
CATHERINE CROCKETT			Administrator	, oll	L &OIV	1.00	
DANIEL BROWNSTONE			Physicians			0.00	
DANIEL NORD			Nurse Anesthetists			0.00	
DAVID NAOUR			Director of Nurses		0.00		
GERARDO GRIECO			Registered Nurses		11.00		
HAROLD NORD			Certified Aides	0.00			
JEFFREY POULTER			Other Health Profs.				
JOHN ESCH						6.00	
JOHN WIELAND			TOTAL			22.00	
JOSEPH NEWCOMER KATHERINE WIDERBORG	i		DAYS AN	D HOURS OF	OPERATION		
BENJAMIN LEAK			Monday			8	
And Others			Tuesday			8	
			Wednesday			8	
			Thursday			8	
			Friday			8	
			Saturday Sunday			0 0	
NUMBER OF PAT	TIENTS BY AGE G	ROUP	NUMBER OF PATIE	NTS BY PRIN	MARY PAYMEI	-	
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE		FEMALE	TOTAL	
0-14 years 91	25	116	Medicaid	59	72	131	
15-44 years 232	498	730	Medicare	229	232	461	
45-64 years 370	543	913	Other Public	0	0	0	
65-74 years 141	110	251	Insurance	643	964	1,607	
75+ years 101	94	195	Private Pay	4	2	6	
TOTAL 935	1,270	2,205	Charity Care TOTAL	935	1 270	2 205	
			TOTAL	935	1,270	2,205	

Private Insurance

78.4%

10,606,333

Private Pay

0.3%

41,761

TOTALS

100.0%

13,536,860

Medicare

2,347,445

17.3%

Medicaid

541,321

4.0%

Other Public

0.0%

0

Expense as % of

Total Net Revenue

0%

Care

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	202	123.00	84.50	207.50	1.03
Gastroenterology	16	6.00	7.00	13.00	0.81
General Surgery	163	62.00	68.00	130.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	96	23.00	40.00	63.00	0.66
OB/Gynecology	326	103.00	136.00	239.00	0.73
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	403	225.00	168.00	393.00	0.98
Otolaryngology	2	4.00	0.75	4.75	2.38
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	186	174.00	77.50	251.50	1.35
Thoracic	1	1.00	0.75	1.75	1.75
Urology	810	216.00	337.50	553.50	0.68
TOTAL	2205	937.00	920.00	1857.00	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY S	SURGICAL TR	REATMENT CEN	TER PROFILE-2012	CARLE SURGICENTER DANVILL	≣		
Reference Numb	bers	Facility Id 70	002439	Number of Operating Rooms	2		
Health Service A	Area 004	Planning Se	ervice Area 183	Procedure Rooms	0		
ARLE SURGIC	ENTER			Exam Rooms	0		
300 NORTH VE	RMILLION			Number of Recovery Stations Stage 1	4		
DANVILLE, IL 6				Number of Recovery Stations Stage 2	8		
•	.002			riamon or ricotroly diament diago _	· ·		
Administrator			Date Complete	Type of Ownership			
Kerry Fox			2/21/2013	Other Not For Profit Ownership			
Registered Ager	nt			HOSPITAL TRANSFER DELATIONSHIPS			
				HOSPITAL TRANSFER RELATIONSHIPS HOSPITAL NAME NUMBER OF P	ATIFNTS		
Property Owner	•			Provena United Samaritins Medical Center			
N/A				Carle Foundation Hospital	0 2		
					0		
egal Owner(s)					0		
- Jan - Hilor(3)					0		
Carle Foundation	n Hospital			STAFFING PATTERNS			
				PERSONNEL FULL-TIME EQUIVALEN	rs		
				Administrator 0.	20		
					00		
				•	00		
				Director of Nurses 1.	00		
				Registered Nurses 8.	75		
					00		
				Other Health Profs. 2.	00		
					00		
				TOTAL 13.			
				DAYS AND HOURS OF OPERATION			
				Monday	0		
				Tuesday	10		
				Wednesday	10		
				Thursday	10		
				Friday	10		
				Saturday	0		
				Sunday	0		
		ENTS BY AGE G		NUMBER OF PATIENTS BY PRIMARY PAYMENT SO			
AGE	MALE	FEMALE	TOTAL		TAL		
0-14 years	3	3	6	Medicaid 48 165	213		
15-44 years	97	225	322	Medicare 257 438	695		
45-64 years	260	416	676	Other Public 0 0	0		
65-74 years	145	211	356	Insurance 266 371	637		
75+ years	106	187	293	Private Pay 0 0	0		
TOTAL	611	1,042	1,653	Charity Care 40 68	108		
				TOTAL 611 1,042 1	,653		
		NE	T REVENUE RV D	OR SOURCE FOR FISCAL YEAR			
		NE	I NEVENUE DI F		rity Care		
Medicare	Med	dicaid Other	Public Private Ir	•	se as % of		
28.3%		4.9%	0.0%		et Revenue		
28.3% 660.641		4.9% F 607		03.0% 1.2% 100.0% Expense Folding	20/		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 35 of 282

1,549,397

28,477

2,363,122

79,284

0

669,641

115,607

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	36	14.00	8.00	22.00	0.61
General Surgery	871	462.00	152.00	614.00	0.70
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	136	122.00	24.00	146.00	1.07
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	256	185.00	46.00	231.00	0.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	354	74.00	64.00	138.00	0.39
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1653	857.00	294.00	1151.00	0.70

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	RGICAL TRE	EATMENT CEN	TER PRO	FILE-2012 CHAN	IPAIGN SURGICENT	ER, LLC	C	HAMPAIGN	
Reference Numbe	ers	Facility Id 70	002959		Number of Operati	ng Rooms		5	
Health Service Ar		Planning Se	rvice Are	a 019	Procedure Rooms			0	
CHAMPAIGN SUR		_			Exam Rooms 0				
702 S. MATTIS A	•				Number of Recovery Stations Stage 1 12				
					,				
CHAMPAIGN, IL (51821				Number of Recove	ry Stations Stage	2	6	
Administrator			Date C	omplete	Type of Ownershi	n			
Kerry Fox			2/	21/2013		-	:		
					Limited Liability Co	mpany (RA requ	irea)		
Registered Agent					HOSPIT	AL TRANSFER	RELATIONS	HIPS	
James Leonard	d, MD				HOSPITAL NAME		NUMBI	ER OF PATIENTS	
roperty Owner					Carle Foundation I	Hospital		14	
N/A						.oop.na.		0	
								0	
.egal Owner(s)								0	
.egai Owilei(S)								0	
Carle Foundation	Hospital				eт	AFFING PATTE	RNS		
					PERSONNEL		L-TIME EQU	IVALENTS	
					Administrator		-19	0.80	
					Physicians			1.00	
					Nurse Anesthetists	2		4.00	
					Director of Nurses			1.00	
					Registered Nurses			15.22	
					Certified Aides	•		0.00	
					Other Health Profs	.		6.50	
					Other Non-Health			1.00	
					TOTAL	1 1010		29.52	
					TOTAL			29.52	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday			10	
					Tuesday			10	
					Wednesday			10	
					Thursday			10	
					Friday			10	
					Saturday			0	
					Sunday			0	
NUMBE	R OF PATIEN	NTS BY AGE G	ROUP		NUMBER OF PA	TIENTS BY PRII	MARY PAYM	ENT SOURCE	
AGE	MALE	FEMALE	TOTA		PAYMENT SOUR		FEMALE	TOTAL	
0-14 years	330	228		58	Medicaid	261	292	553	
15-44 years	610	708	1,3		Medicare	390	483	873	
45-64 years	502	915	1,4		Other Public	11	10	21	
65-74 years	241	295		36	Insurance	1,031	1,331	2,362	
75+ years	198	201		99	Private Pay	35	33	68	
TOTAL	1,881	2,347	4,22	28	Charity Care	153	198	351	
					TOTAL	1,881	2,347	4,228	
		NE	T REVEN	NUE BY PAYOR SOU	IRCE FOR FISCAL Y	EAR			
							Charity	Charity Care	
Medicare	Medi	caid Other	Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
Medicare 6.1%		caid Other 1.5%	Public 0.1%	Private Insurance 92.1%	Private Pay 0.2%	TOTALS 100.0%	Care Expense	Expense as % of Total Net Revenue	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	99	127.00	20.00	147.00	1.48
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	173	150.00	30.00	180.00	1.04
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	3	3.00	2.00	5.00	1.67
Orthopedic	2269	17,644.00	390.00	18034.00	7.95
Otolaryngology	538	7,177.00	92.00	7269.00	13.51
Pain Management	3	6.00	2.00	8.00	2.67
Plastic	182	387.00	32.00	419.00	2.30
Podiatry	746	512.00	128.00	640.00	0.86
Thoracic	0	0.00	0.00	0.00	0.00
Urology	215	180.00	37.00	217.00	1.01
TOTAL	4228	26,186.00	733.00	26919.00	6.37

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 38 of 282 1/7/2014

Reference Numbers		Facility Id 70	002371	Number of Operating Rooms		2		
Health Service Area	004	Planning Se		Procedure Rooms		0		
DANVILLE POLYCLIN		ū	1710071100	Exam Rooms		1		
07 NORTH LOGAN		7.010		Number of Recovery Stations Stage	1	4		
DANVILLE, IL 61832				Number of Recovery Stations Stage		4		
•	4000			Number of Necestry Stations Stage	_	7		
Administrator			Date Complete	Type of Ownership				
Melissa A. Edingto	on		2/21/2013	Corporation (RA required)				
Registered Agent				HOSPITAL TRANSFER F	RELATIONSH	IPS		
Melissa A Edingto	n			HOSPITAL NAME		R OF PATIENTS		
Property Owner				Provena United Samaritans Center		7		
				. To to the orining carriantant control		0		
						0		
egal Owner(s)						0		
						0		
P.B. Reddy, MD	,			STAFFING PATTER	STAFFING PATTERNS			
Bhaskar N. Patel, MD Carlos F. Gotardo, M				PERSONNEL FULL	/ALENTS			
Jane Hsieh, MD	J			Administrator		1.00		
Joseph M. Fabrizio, I	MD			Physicians		0.00		
•	VID			Nurse Anesthetists				
Keval D. Patel, MD				Director of Nurses		1.00		
M. Thangavelu, MD				Registered Nurses	<u> </u>			
B. Malhotra, MD				Certified Aides		0.00		
Naveed I. Sadiq, MD				Other Health Profs.				
William Bowen, MD				Other Non-Health Profs		2.00		
Rafael M. Diokno, MI)			TOTAL		11.00		
Raja Adnan Sadiq, M	ID							
Raja Irfan Sadiq, MD				DAYS AND HOURS OF	OPERATION			
S. P. Paruchuri, MD				Monday		9		
And Others				Tuesday		9		
				Wednesday		9		
				Thursday		9		
				Friday		9		
				Saturday		0		
				Sunday		0		
		NTS BY AGE G		NUMBER OF PATIENTS BY PRIM				
	ALE	FEMALE	TOTAL	PAYMENT SOURCE MALE	FEMALE	TOTAL		
0-14 years	17	83	100	Medicaid 80 Medicare 740	246	326		
15-44 years	222	368 576	590	Medicare 740 Other Public 60	646 2	1,386 62		
45-64 years	555	576	1,131	Insurance 604	672	1,276		
65-74 years	404	316 231	720 524	Private Pay 7	8	1,276 15		
75+ years	293			Charity Care 0	0	0		
TOTAL 1	,491	1,574	3,065	TOTAL 1,491	1,574	3,065		
				101AL 1,491	1,374	3,000		
		NE	T REVENUE BY P	AYOR SOURCE FOR FISCAL YEAR				
					Charity	Charity Care		

Charity Charity Care Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Expense as % of Total Net Revenue 37.6% 3.6% 3.1% 46.7% 8.9% 100.0% Expense 712,794 69,075 58,823 885,066 169,625 1,895,383 0% 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	33	16.50	19.25	35.75	1.08
Gastroenterology	1407	352.00	816.00	1168.00	0.83
General Surgery	495	495.00	248.00	743.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	97	97.00	73.00	170.00	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	32	16.00	16.00	32.00	1.00
Otolaryngology	92	46.00	69.00	115.00	1.25
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	909	454.00	454.00	908.00	1.00
TOTAL	3065	1,476.50	1,695.25	3171.75	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

	pers	Facility Id 70	002983	Number of Operating Rooms		0		
Health Service A		Planning Se		Procedure Rooms		2		
ECATUR DIGE		_		Exam Rooms 0				
2 MEMORIAL D	RIVE, PHYSI	ICIAN PLZ WEST	T, STE 102	Number of Recovery Stations Stage 1 0				
ECATUR, IL 62				Number of Recovery Stations Stag		4		
Administrator			Date Complete					
Amy Smith			2/18/2013	Type of Ownership Limited Liability Company (RA required)				
Registered Agen	nt			HOSPITAL TRANSFER	RELATIONS	HIPS		
Deborah Brag	g			HOSPITAL NAME		ER OF PATIENTS		
Property Owner				Decatur Memorial Hospital	TTOMB!	3		
Lillibridge Hea	althcare			·		0		
						0		
.egal Owner(s)						0		
Decatur Memoria	al Hospital					O		
Decatur Digestiv		3		STAFFING PATTE	-			
Ţ					PERSONNEL FULL-TIME EQUIVALENTS			
				Administrator		0.50		
				Physicians Nurse Anesthetists		0.00 0.00		
				Director of Nurses		0.50		
				Registered Nurses		4.00		
				Certified Aides		0.00		
				Other Health Profs.		2.00		
				Other Non-Health Profs		3.00		
				TOTAL		10.00		
				DAYS AND HOURS OF	OPERATIO	N		
				Monday	OI LIXATIO	10		
				Tuesday		10		
				Wednesday		10		
				Thursday		10		
				Friday		10		
				Saturday		0		
				Sunday		0		
		NTS BY AGE GI		NUMBER OF PATIENTS BY PRI				
	MALE	FEMALE	TOTAL	PAYMENT SOURCE MALE	FEMALE	TOTAL		
	0	0	0	Medicaid 0 Medicare 526	1 683	1 200		
0-14 years	81	122 651	203 1,191	Other Public 5	083	1,209 5		
0-14 years 15-44 years	540	371	715	Insurance 618	756	1,374		
0-14 years 15-44 years 45-64 years	540 344			Private Pay 0	0	0		
0-14 years 15-44 years 45-64 years 65-74 years	344		480		U			
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	344 184	296	480 2 589		0	0		
O-14 years 15-44 years 45-64 years 65-74 years 75+ years TOTAL	344		<u>480</u> 2,589		1,440	2,589		
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	344 184	296 1,440	2,589	Charity Care 0 TOTAL 1,149				
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	344 184	296 1,440	2,589	Charity Care 0				

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 41 of 282

1,255,940

470,064

518

7,773

1,734,295

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	2589	353.5	647	1000.5	0.39
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2589	353.5	647	1000.5	0.39

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 42 of 282

IBULATURT 3	URGICAL TRE	ATMENT CENT	ER PROFILE-2012	DECA	TUR HEALTHCARE	E, LLC			ECATUR	
eference Numl	pers	Facility Id 700)2637		Number of Opera	ting Rooms			3	
Health Service A	Area 004	Planning Ser	vice Area 115		Procedure Rooms	3			1	
ECATUR HEAL	THCARE, LLC	;			Exam Rooms				0	
770 EAST LAKE	SHORE DRIV	/E			Number of Recov	ery Stations	Stage	e 1	13	
ECATUR, IL 62	2521				Number of Recov	•	-		3	
dministrator			Date Complete				Ū			
Jan Weaver,	DNI		2/25/2013		Type of Ownersh	nip				
Jan Weaver,	IXIN		2/23/2013		Limited Liability Company (RA required)					
egistered Ager	nt				HOSPI	TAI TRANS	FFR I	RELATIONS	HIPS	
Thomas J. Pli	ura, M.D., J.D.				HOSPITAL NAME				ER OF PATIENTS	
roperty Owner					St. Mary's Hospita		ı	TTOMBL	0	
St. Mary's Ho					St. Mary S 1 lospite	ai, Decatui, i	L		0	
egal Owner(s)									0	
homas J. Pliura	a, M.D.								U	
Marcus Derania	n, M.D.					TAFFING PA			IV/AL ENTO	
leffery Trachten	berg, M.D.				PERSONNEL		FULI	TIME EQU		
Douglas Maiben	co, M.D.				Administrator				1.00	
					Physicians				0.00	
					Nurse Anesthetis				0.00	
					Director of Nurse				1.00	
					Registered Nurse Certified Aides	es .			5.00	
					Other Health Prof	fo			0.00 1.00	
					Other Non-Health				2.00	
					TOTAL	111013			10.00	
					TOTAL				10.00	
					DAYS	AND HOUR	S OF	OPERATIO	N	
					Monday				10	
					Tuesday				10	
					Wednesday				10	
					Thursday				0	
					Friday				5	
					Saturday Sunday				0 0	
MUMD	ED OF DATIES	NTS BY AGE GR	OUR		NUMBER OF PA	ATIENTS BY	DDI			
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU		ALE	FEMALE	TOTAL	
0-14 years	0	0	0		Medicaid		11	31	42	
15-44 years	6	11	17		Medicare		283	374	657	
45-64 years	91	137	228		Other Public		0	3	3	
65-74 years	140	190	330		Insurance		97	129	226	
75+ years	161	206	367		Private Pay		7	7	14	
TOTAL	398	544	942		Charity Care		0	0	0	
					TOTAL		398	544	942	
		NE1	REVENUE BY PA	YOR SOU	RCE FOR FISCAL	YEAR				
								Charity	Charity Care	
Medicare	Medi	caid Other I	Public Private Ins	urance	Private Pay	TOTALS		Care	Expense as % of	
Medicare										

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 43 of 282

1,051,733

13,412

1,629,687

0

428,972

114,813

20,757

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	13	8.00	7.25	15.25	1.17
Dermatology	1	1.00	1.00	2.00	2.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	928	159.00	308.00	467.00	0.50
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	942	168.00	316.25	484.25	0.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Num	bers	Facility Id 70	002413	Number of Operating Ro	oms		4
Health Service	Area 004	Planning Se	ervice Area 113	Procedure Rooms			5
EASTLAND MEI	DICAL PLAZA	SURGICENTER	, LLC	Exam Rooms		0	
1505 EASTLANI	D DRIVE			Number of Recovery Sta	1	4	
BLOOMINGTON	N, IL 61701			Number of Recovery Sta	tions Stage	2	21
Administrator			Date Complete	Type of Ownership			
Brenda Cyrul	lik		2/20/2013	Limited Liability Partners	hip (RA req	uired)	
Registered Age	ent			HOSPITAL TR	ANSFER F	RELATIONSH	IPS
Stephen T. M	1oore			HOSPITAL NAME		NUMBEI	R OF PATIENTS
Property Owner	r			OSF St Joseph Medical	Center		23
OSF St Jose	ph Medical Ce	enter		CCI Crosspir medicar	Conto		20
							Ċ
.egal Owner(s)							C
							C
Mariano Tolenti Brett Keller	IIU			STAFFIN	IG PATTE	RNS	
Catherine Crock	kett			PERSONNEL	FULL	-TIME EQUIV	/ALENTS
Daniel Brownsto				Administrator			1.00
	one			Physicians			0.00
Daniel Nord				Nurse Anesthetists			0.00
David Naour				Director of Nurses			
Gerardo Grieco	0			Registered Nurses			26.00
Harold Nord				Certified Aides			3.00
Jeffrey Poulter				Other Health Profs.			8.00
John Wieland				Other Non-Health Profs			9.00
Joseph Newcor	ner			TOTAL			47.00
Katherine Wide	rborg						
Benjamin Leak				DAYS AND H	IOURS OF	OPERATION	
Marc Leonard And Others				Monday 			11
And Others				Tuesday			11
				Wednesday			11 11
				Thursday Friday			11
				Saturday			0
				Sunday			0
NUME	BER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYME	NT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	154	141	295	Medicaid	178	364	542
15-44 years	598	884	1,482	Medicare	805	1,153	1,958
45-64 years	1,417	1,765	3,182	Other Public	11	9	20
65-74 years	658	783	1,441	Insurance	2,303	2,710	5,013
75+ years	564	780	1,344	Private Pay	71 23	93 24	164 47
TOTAL	3,391	4,353	7,744	Charity Care TOTAL	3,391	4,353	7,744
				IOIAL	3,381	4,303	1,144
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR			
						Charity	Charity Care

	NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity C Expense as					
25.6%	6.4%	0.0%	66.1%	1.8%	100.0%	Expense	Total Net Re	venue				
8,786,971	2,201,628	13,240	22,710,446	626,801	34,339,086	80,0	54	0%				

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	74	35.00	14.80	49.80	0.67
Dermatology	452	269.00	90.40	359.40	0.80
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	400	259.00	80.00	339.00	0.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	163	52.00	32.60	84.60	0.52
Ophthalmology	1379	357.00	275.80	632.80	0.46
Oral/Maxillofacial	1386	270.00	277.20	547.20	0.39
Orthopedic	516	233.00	103.20	336.20	0.65
Otolaryngology	402	135.00	80.40	215.40	0.54
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	3	4.00	0.60	4.60	1.53
Thoracic	40	22.00	8.00	30.00	0.75
Urology	7	2.00	1.40	3.40	0.49
TOTAL	4822	1,638.00	964.40	2602.40	0.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	2429	893	485.8	1378.8	0.57
Laser Eye	1	272	194	6.8	200.8	0.74
Pain Management	1	221	39	44.2	83.2	0.38
TOTALS	5	2922	1126	536.8	1662.8	0.57

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 46 of 282

	URGICAL TR	EATMENT CEN	TER PROFILE-2012	GAILEY EYE SURGERY - DECATUR, LLC		ECATUR
Reference Numb	oers	Facility Id 70	003170	Number of Operating Rooms		2
Health Service A	Area 004	Planning Se	ervice Area 115	Procedure Rooms		0
AILEY EYE SU	RGERY - DE	CATUR, LLC		Exam Rooms		0
46 WEST PERS	SHING ROAD	1		Number of Recovery Stations Stage	1	1
ECATUR, IL 62	2526			Number of Recovery Stations Stage	2	2
dministrator			Date Complete			
Tom Restivo			2/26/2013	Type of Ownership		
				Limited Liability Company (RA requir	ed)	
egistered Ager	nt			HOSPITAL TRANSFER R	ELATIONS	HIPS
Tom Restivo/0	Gailey Eye Cl	inic		HOSPITAL NAME		ER OF PATIENTS
roperty Owner				Decatur Memorial Hospital, Decatur	TTOMBI	0
Sushant Sinha	a MD			Becatul McMonal Hospital, Becatul		0
.egal Owner(s)						0
Sumit Bhatia MD)					Ü
Robert M Lee MI	D			STAFFING PATTER	_	IVALENTS
Kenneth Barba N	MD			-	-TIME EQU	
Joseph Harman	MD			Administrator		0.25
Gregory Halperir	n MD			Physicians		0.00
Ara Aprahamian	MD			Nurse Anesthetists		0.00
·				Director of Nurses		1.00
				Registered Nurses Certified Aides		3.50 0.00
				Other Health Profs.		4.25
				Other Non-Health Profs		2.00
				TOTAL		11.00
				DAYS AND HOURS OF	OPERATIO	N
				Monday		10
				Tuesday		10
				Wednesday		10
				Thursday		10
				Friday		0
				Saturday		0 0
				Sunday		•
		ENTS BY AGE GI		NUMBER OF PATIENTS BY PRIM		
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE MALE	FEMALE	TOTAL
0-14 years	1	0	1	Medicaid 17	14	31
15-44 years	7	8	15	Medicare 420 Other Public 5	792 9	1,212 14
45-64 years 65-74 years	103 231	188 414	291 645	Insurance 97	78	14 175
	242	396	638	Private Pay 45	113	158
•	584	1,006	1,590	Charity Care 0	0	0
75+ years	304	1,000	1,390	TOTAL 584	1,006	1,590
75+ years						
75+ years						
75+ years TOTAL		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR		
75+ years		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR	Charity	Charity Care
75+ years			T REVENUE BY PA		Charity Care	Charity Care Expense as % of Total Net Revenue

FACILITY NOTES

0

12-023 7/23/2012 Received permit for change of ownership.

0

0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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29,663

33,300

62,963

0%

0

Name Change

9/14/2012

Formerly Advanced Eye Surgery and Laser Center, LLC. - 7003123

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	546	4.79	4.36	9.15	0.02
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1044	38.52	59.80	98.32	0.09
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1590	43.31	64.16	107.47	0.07

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	RGICAL TRE	EATMENT CENT	ER PROI	FILE-2012	GASTROI	NTESTINAL INS	STITUTE, LLC	N	IORMAL
Reference Numbe	ers	Facility Id 70	03056		N	umber of Operat	ing Rooms		0
Health Service Are		Planning Ser	vice Area	a 113		rocedure Rooms	-		2
ASTROINTESTI		_		-	F	xam Rooms			0
200 JACOBSSEN							ery Stations Stag	0.1	0
		ILA							_
ORMAL, IL 6176	51				N	umber of Recove	ery Stations Stag	e 2	8
dministrator Dixie Schoonov	⁄er			omplete 28/2013		pe of Ownersh	-		
					Li	mited Liability Co	ompany (RA requ	ured)	
egistered Agent						HOSPIT	TAL TRANSFER	RELATIONS	HIPS
Stephen Samue	el Matter				Н	OSPITAL NAME		NUMBI	ER OF PATIENTS
roperty Owner					S	t Joseph Medica	l Center		2
Halstead Drive,	LLC				_				0
									0
egal Owner(s)									0
									0
tephen S Matter azi E Khusro						S ⁻	TAFFING PATTE	RNS	
					P	ERSONNEL	FUL	L-TIME EQU	IVALENTS
					А	dministrator			1.00
					Р	hysicians			0.00
					N	urse Anesthetist	S		1.00
					D	irector of Nurses	3		0.50
					R	egistered Nurse	S		3.50
					C	ertified Aides			0.00
						ther Health Prof	S.		1.00
					C	ther Non-Health	Profs		4.00
					T	OTAL			11.00
						DAYS	AND HOURS O	F OPERATIO	N
					_	Monday	AND HOOKS OF	OI LIVATIO	9
						Tuesday			9
						Wednesday			9
						Thursday			9
						Friday			9
						Saturday			0
						Sunday			0
NUMBE	R OF PATIEN	NTS BY AGE GF	OUP		ı	NUMBER OF PA	TIENTS BY PRI	MARY PAYN	ENT SOURCE
AGE	MALE	FEMALE	TOTAL	_	<u> </u>	PAYMENT SOUI	RCE MALE	FEMALE	TOTAL
0-14 years	7	9		6		Medicaid	72	54	126
15-44 years	191	362	55	3		Medicare	321	657	978
45-64 years	510	816	1,32	.6	(Other Public	3	0	3
65-74 years	240	358	59			nsurance	626	935	1,561
75+ years	146	224	37	0		Private Pay	66	112	178
TOTAL	1,094	1,769	2,86	3	_	Charity Care	6	11	17
					-	ΓΟΤΑL	1,094	1,769	2,863
		NE	T REVEN	UE BY PAYO	R SOURCE	FOR FISCAL Y	/EAR		
								Charity	Charity Care
Medicare	Medi	caid Other	Public	Private Insura	ance	Private Pay	TOTALS	Care	Expense as % of
29.2%		0.8%	0.4%		8.8%	0.7%	100.0%	Expense	Total Net Revenue
884,212			2,693	2,080		21,693	3,023,664	16,5	
004,212	24,	190	∠,093	∠,∪80,	,070	∠۱,093	3,023,004	10,5	10 170

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	2863	596	573	1169	0.41
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2863	596	573	1169	0.41

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 50 of 282 1/7/2014

eference Num	bers	Facility Id 7	003129	Number of Ope	rating Rooms			2	
Health Service	Area 004	Planning Se	ervice Area 113	Procedure Room	ms			0	
RELAND GROV	/E CENTER I	FOR SURGERY		Exam Rooms				9	
801 IRELAND	GROVE ROA	D		Number of Rec	-	-		0	
BLOOMINGTON	l, IL 61704			Number of Rec	overy Stations	Stage 2	2	0	
Administrator Dean J. Mich	nal		Date Complete 1/31/2013	Type of Owner Limited Liability	-	require	ed)		
Registered Age				ноѕ	PITAL TRANSI	ER RI	ELATIONSI	HIPS	
William Kindo				HOSPITAL NAME NUMBER OF PATIEN			NTS		
Property Owner				Advocate broM	enn Regional M	1edical	Center, Blo	oming	1
Ireland Grove	e Real Estate								0
.egal Owner(s)									0
Robert Russell					STAFFING PA	TTER	NS		ŭ
Lawrence Li				PERSONNEL FULL-TIME EQUIVALENTS					
Ji Li Caranda Oriana				Administrator				1.00	
Gerardo Grieco				Physicians				0.00	
Edward Kolb				Nurse Anesthe	tists			0.00	
Dennis Lee				Director of Nurses 1.00			1.00		
Chad Tattini				Registered Nurses 7.00				7.00	
				Certified Aides				4.00	
				Other Health P	rofs.			1.00	
				Other Non-Hea	Ith Profs			2.00	
				TOTAL				16.00	
				DAY	S AND HOUR	SOFO	PERATIO	N	
				Monday				10	
				Tuesday				10	
				Wednesday				10	
				Thursday				10	
				Friday				10	
				Saturday				0	
				Sunday				0	_
		ENTS BY AGE G			PATIENTS BY				Έ
AGE	MALE	FEMALE	TOTAL	PAYMENT SC	OURCE MA		FEMALE	TOTAL	-
0-14 years	297	245	542	Medicaid		89	87 276	176	
15-44 years	446	446	892	Medicare	ĺ	190	376	566	
45-64 years	529	619	1,148	Other Public	4 /	8 165	1 106	12	
65-74 years	109 83	212 151	321 234	Insurance Private Pay	1,	165 12	1,196 10	2,361 22	
75+ years				Charity Care		0	0	0	
TOTAL	1,464	1,673	3,137	TOTAL	1,4	164	1,673	3,137	-
		NI	ET REVENUE BY PA	OR SOURCE FOR FISCA	L YEAR				
							Charity	Charity C	are

81.7%

22,723,215

0.4%

120,133

13.3%

3,712,891

3.9%

1,096,563

0.6%

162,752

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100.0%

27,815,554

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	30	31.50	15.00	46.50	1.55
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	872	619.75	436.00	1055.75	1.21
Otolaryngology	1047	469.50	355.98	825.48	0.79
Pain Management	1002	141.50	180.36	321.86	0.32
Plastic	183	80.00	91.50	171.50	0.94
Podiatry	3	0.50	1.50	2.00	0.67
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3137	1,342.75	1,080.34	2423.09	0.77

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Numb	ers	Facility Id 7	003145	Number of Operating Roo	oms		2	
Health Service Ar		Planning S		Procedure Rooms			0	
DLYMPIAN SURG		_		Exam Rooms			1	
002 WEST INTE				Number of Recovery Stat	tions Stage	e 1	4	
CHAMPAIGN, IL	61822			Number of Recovery Stations Stage 2 4				
Administrator			Date Complete					
Julie Root			2/14/2013	Type of Ownership				
odiio reoce			_, , ,,_,,,	Limited Liability Company	y (RA requ	ired)		
Registered Agent	t			HOSPITAL TR	ANCEED	DEL ATIONS	LIDE	
Douglas Gordo				HOSPITAL IN	ANSFER		R OF PATIE	NΤ
Property Owner				Provena Medical Center		INUIVIDE	K OF PATIE	NIS
				Flovena Medical Center				C
								C
Legal Owner(s)								0
								C
Sidney Rohrschei	ib			STAFFIN	IG PATTE	RNS		
Julie Root				PERSONNEL FULL-TIME EQUIVALENTS				
Douglas Gordon				Administrator			1.00	
				Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			0.00	
				Registered Nurses			1.00	
				Certified Aides			0.00	
				Other Health Profs.			1.00	
				Other Non-Health Profs 1.00				
				TOTAL			4.00	
				DAYS AND H	IOURE OF	ODERATIO	. I	
				Monday	IOUKS OF	OPERATIO	6	
				Tuesday			8	
				Wednesday			0	
				Thursday			0	
				Friday			0	
				Saturday			0	
				Sunday			0	
NUMBE	R OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRI	MARY PAYM	ENT SOURC	Ε
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	0	0	0	Medicaid	0	0	0	
15-44 years	17	103	120	Medicare	1	0	1	
45-64 years	12	75	87	Other Public	0	0	0	
65-74 years	3	1	4	Insurance	31	156	187	
75+ years	0	0	0	Private Pay	0	21	21	
TOTAL	32	179	211	Charity Care TOTAL	32	2 179	211	
				IUIAL	32	179	211	
		N	ET REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR				
						Charity	Charity C	are
Medicare	Me	dicaid Othe	r Public Private Insu	rance Private Pay TOTA	ALS	Care	Expense as	
				•			Total Net Rev	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 53 of 282

91.2%

1,509,601

8.8%

145,900

100.0%

1,655,802

0.0%

301

0.0%

0

0.0%

0

Total Net Revenue

2%

Expense

25,750

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	205	224.00	103.00	327.00	1.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	6	12.50	9.00	21.50	3.58
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	211	236.50	112.00	348.50	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 54 of 282 1/7/2014

eference Num	hers	Facility Id 70	002710		Number of Opera	ting Rooms		0		
Health Service		Planning Se		}	Procedure Room	-		3		
		DIAGNOSTIC C		,	Exam Rooms	S		1		
302 FRANKLIN					Number of Recov	ery Stations Sta	ne 1	0		
IORMAL, IL 61	•	O = . 000			Number of Recovery Stations Stage 2 10					
·			Data Camplet	•	,, ,,					
dministrator S. Paul Shaff	er		Date Complet 2/27/2013		Type of Owners Limited Liability F	-	equired)			
egistered Age	nt				HOSPITAL TRANSFER RELATIONSHIPS					
Scott Becker					HOSPITAL NAM	E	NUMB	ER OF PATIENTS		
roperty Owner					Advocate/BroMer					
Advocate/Bro	Menn Found	lation					,	0		
egal Owner(s)								0		
√ijay Misra, MD Γhomas DeWee	rt MD				S	TAFFING PATT	ERNS	·		
	-				PERSONNEL	FU	LL-TIME EQU	IVALENTS		
Physicians Endo Philip Koszyk, M					Administrator			0.25		
Kenneth Schoer					Physicians			0.00		
Darryl Fernandes, MD					Nurse Anesthetis	sts		0.00		
Advocate/BroMenn					Director of Nurses Registered Nurses Cortified Aides			1.00		
								5.00		
					Certified Aides			0.00		
					Other Health Pro			5.60		
					Other Non-Health Profs 4.25 TOTAL 16.10					
					TOTAL			10.10		
						AND HOURS C	F OPERATIO			
					Monday			8		
					Tuesday			8		
					Wednesday Thursday			8 8		
					Friday			8		
					Saturday			0		
					Sunday			0		
	ER OF PATII	ENTS BY AGE G	ROUP			ATIENTS BY PR				
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL		FEMALE	TOTAL		
0-14 years	0	0	0		Medicaid	19	64	83		
15-44 years	247	394	641		Medicare Other Public	518 3	620 1	1,138 4		
45-64 years 65-74 years	837 375	1,061 404	1,898 779		Insurance	د 1,148	1,420	2,568		
75+ years	375 244	404 262	506		Private Pay	1,146	7,420	2,566		
TOTAL	1,703	2,121	3,824		Charity Care	13	9	22		
TOTAL	1,703	2,121	3,024		TOTAL	1,703	2,121	3,824		
		NE	T REVENUE BY	PAYOR SOLI	RCE FOR FISCAL	YFΔR				
		INE	. INTACIACE DI	. ATOK 300			Charity	Charity Care		
Medicare	Me	dicaid Other	Public Private	e Insurance	Private Pay	TOTALS	Care	Expense as % of		
		0.6%	0.1%	88.6%		100.0%	Expense	Total Net Revenue		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 55 of 282

3,626,833

20,006

4,093,545

17,515

415,860

26,571

4,275

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	3824	2330.75	1274.5	3605.25	0.94
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	3824	2330.75	1274.5	3605.25	0.94

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 56 of 282

1/7/2014

eference Nun	bers	Facility Id 7	002116	Number of Operating Ro	oms		4	
Health Service	Area 004	Planning Se	ervice Area 113	Procedure Rooms			1	
HE CENTER F	OR ORTHOR	PEDIC MEDICINE	, LLC	Exam Rooms			0	
502 B. EAST E	MPIRE STRE	EET		Number of Recovery Sta	tions Stage	: 1	6	
LOOMINGTO	N, IL 61704			Number of Recovery Sta	tions Stage	2	6	
dministrator			Date Complete	Type of Ownership				
Bryan Zowin			3/1/2013	Limited Liability Compan	y (RA requ	red)		
egistered Age	ent			HOSPITAL TR	ANSFER	RELATIONSH	IIPS	
Sarah Gardr	er			HOSPITAL NAME	.,		O R OF PATIENT	
roperty Owne	r			Advocate BroMenn Heal	thcare	. TOMBE	1.	
McLean Cou	nty Land Trus	st Number H-290		Advocate Browerin Fred	inouro			
egal Owner(s								
_aura Randolp	n, MD			074551	IO DATTE	210		
Brian Hamm, D		_		STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS				
BroMenn Phys	ū	ment Corp.		Administrator	0.00			
Carle Foundati				Physicians			0.00	
Christopher Rir	•			Nurse Anesthetists			0.00	
Craig Carmicha	el, MD			Director of Nurses			1.00	
Daniel Lange, I	MD			Registered Nurses			32.00	
Finn Amble, M)			Certified Aides			1.00	
Gerald Paul, DPM				Other Health Profs.			13.00	
Jerome Oakey				Other Non-Health Profs			13.00	
John Atwater, I				TOTAL			60.00	
Bamidele Ogur								
Joseph Novotn	-			DAYS AND H	IOURS OF	OPERATION	l	
WIllard Noyes,	•			Monday 10				
And Others				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday			10	
				Saturday			0	
				Sunday			0	
NUM	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRI	MARY PAYME	NT SOURCE	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	267	200	467	Medicaid	192	321	513	
15-44 years	690	968	1,658	Medicare	513	916	1,429	
45-64 years	779	1,335	2,114	Other Public	4	2	6	
65-74 years	289	434	723	Insurance	1,461	1,988	3,449	
75+ years	201	401	602	Private Pay	42 14	103	145	
TOTAL	2,226	3,338	5,564	Charity Care	2 226	3 229	5 564	
				TOTAL	2,226	3,338	5,564	
		NI	T REVENUE BY PAYOR	SOURCE FOR FISCAL YEAR				
						Charity	Charity Care	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 57 of 282

91.8%

12,502,722

5.2%

712,916

1.6%

217,107

0.1%

11,810

Total Net Revenue

0%

Expense

22,500

1.3%

180,798

100.0%

13,625,353

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	103	77.25	51.50	128.75	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	122	91.50	81.50	173.00	1.42
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2146	1,609.50	1,519.25	3128.75	1.46
Otolaryngology	657	328.50	328.50	657.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	288	432.00	191.75	623.75	2.17
Podiatry	440	440.00	220.00	660.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	17	25.50	8.50	34.00	2.00
TOTAL	3773	3,004.25	2,401.00	5405.25	1.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1791	297	594	891	0.50
TOTALS	1	1791	297	594	891	0.50

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Reference Num	bers	Facility Id 70	002363	Number of Ope	rating Rooms		3		
Health Service	Area 004	Planning Se	rvice Area 183	Procedure Roo	-		0		
ERMILION CO	UNTY SURGE	ERY CENTER, LI		Exam Rooms 2					
6 W. NEWELL	ROAD			Number of Rec	overy Stations Stage	e 1	7		
DANVILLE, IL 6	1834-7488			Number of Rec	overy Stations Stage	e 2	6		
Administrator			Date Complete						
Michael L. Br	own		2/27/2013	Type of Owner Limited Liability	ship Company (RA requ	ired)			
Registered Age	nt			HOS	PITAL TRANSFER	RELATIONS	HIPS		
Michael L. Br	own			HOSPITAL NA	_		ER OF PATIENTS		
Property Owner	•			Presence Unite	d Samaritans Med (Ctr-Danville	0		
.egal Owner(s)							0		
Samaritans Med					STAFFING PATTE	RNS	0		
Presence Hospi	•			PERSONNEL					
d/b/a Presence	onitea			Administrator			0.00		
				Physicians			0.00		
				Nurse Anesthe	tists		0.00		
				Director of Nurs			1.00		
				Registered Nur	ses		2.06		
				Certified Aides			0.00		
				Other Health P Other Non-Hea			1.91 2.06		
				TOTAL	IIII FIOIS		7.03		
				TOTAL			7.00		
					S AND HOURS OF	OPERATIO			
				Monday			9		
				Tuesday Wednesday			9 9		
				Thursday			9		
				Friday			9		
				Saturday			0		
				Sunday			0		
NUMB	ER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF	PATIENTS BY PRI	MARY PAYN	IENT SOURCE		
AGE	MALE	FEMALE	TOTAL	PAYMENT SO		FEMALE	TOTAL		
0-14 years	1	2	3	Medicaid	15	32	47		
15-44 years	10	18	28	Medicare	241	438	679		
45-64 years 65-74 years	52 124	73 231	125 355	Other Public Insurance	0 66	0 39	0 105		
75+ years	124	192	330	Private Pay	3	7	103		
TOTAL	325	516	841	Charity Care	0	0	0		
TOTAL	323	310	041	TOTAL	325	516	841		
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCA	L YEAR				
Medicare	Med	dicaid Other	· Public Private In:	surance Private Pay	TOTALS	Charity Care	Charity Care Expense as % of		
54.2%		9.5%	0.0%	31.1% 5.2%	100.0%	Expense	Total Net Revenu		
550 010		0.070		220 722	1 021 027		0 00/		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 59 of 282

320,723

0

53,667

1,031,927

0

559,019

98,518

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	20	20.00	14.00	34.00	1.70
Gastroenterology	25	20.00	16.00	36.00	1.44
General Surgery	2	3.00	2.00	5.00	2.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	16	15.00	10.00	25.00	1.56
OB/Gynecology	2	2.00	2.00	4.00	2.00
Ophthalmology	734	158.00	122.00	280.00	0.38
Oral/Maxillofacial	16	13.00	10.00	23.00	1.44
Orthopedic	23	25.00	16.00	41.00	1.78
Otolaryngology	1	1.00	0.00	1.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	2	2.00	2.00	4.00	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	841	259.00	194.00	453.00	0.54

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Num	oers	Facility Id 7	002298		Number of Opera	ting Rooms		1
Health Service A	Area 005	Planning Se	ervice Area 12	<u>!</u> 1	Procedure Room	S		1
MBULATORY S	SURGERY CE	NTER OF CEN	ΓRALIA		Exam Rooms			0
045 MARTIN LU	JTHER KING	DRIVE			Number of Recov	ery Stations Stag	e 1	2
ENTRALIA, IL	62801				Number of Recov	ery Stations Stag	e 2	0
dministrator			Date Comple	ete				
Jason Fische	BSN, R.N.		2/5/201		Type of Owners Limited Partnersh	•		
egistered Age					HOSP	TAL TRANSFER	RELATIONS	HIPS
_	stered Agents	, In			HOSPITAL NAM	E	NUMB	ER OF PATIENTS
roperty Owner					PUBLIC HOSPIT	DSAM HOSPITAI AL TOWN OF SA HOSPITAL, MT. V	LEM	0 0
egal Owner(s)								0
Terence Klingele Heartland Prope					S	TAFFING PATTE	RNS	
Community Care					PERSONNEL	FUL	L-TIME EQU	IVALENTS
Brenda & Mark I					Administrator			1.00
Sieriua & Mark i	viuiiii				Physicians			0.00
					Nurse Anesthetis	its		0.00
					Director of Nurse	s		1.00
					Registered Nurse	es		2.00
					Certified Aides			0.00
					Other Health Pro			1.00
					Other Non-Healtl	n Profs		2.00
					TOTAL			7.00
						AND HOURS OF	OPERATIO	N
					Monday			8
					Tuesday			8
					Wednesday			8
					Thursday			8
					Friday			8
					Saturday Sunday			0 0
NUMB	ER OF PATIE	NTS BY AGE G	ROUP		NUMBER OF P	ATIENTS BY PRI	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	IRCE MALE	FEMALE	TOTAL
0-14 years	8	4	12		Medicaid	9	64	73
15-44 years	47	105	152		Medicare	364	479	843
45-64 years	190	204	394		Other Public	2	1	3
65-74 years	184	247	431		Insurance	231	228	459
75+ years	183	214	397		Private Pay	6	2	8
TOTAL	612	774	1,386		Charity Care TOTAL	612	774	1,386
		NI	T REVENUE R	Y PAYOR SOU	IRCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	licaid Othe	r Public Priva	te Insurance	Private Pay	TOTALS	Care	Expense as % of
					,			Total Net Revenue

847,348

11,850

1,651,630

752,371

36,907

3,155

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	625	255.25	426.00	681.25	1.09
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	48	16.75	48.00	64.75	1.35
Ophthalmology	648	148.25	192.00	340.25	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	5	0.75	3.75	4.50	0.90
Pain Management	1	0.25	0.50	0.75	0.75
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	59	59.75	41.75	101.50	1.72
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1386	481.00	712.00	1193.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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1/7/2014

Reference Numb	ers	Facility Id	7001852		Number of Operat	ina Rooms			0
Health Service A			Service Are	ea 003	Procedure Rooms				1
COMMUNITY HE		_			Exam Rooms				0
13245 KESSLER)		Number of Recove	ery Stations	Stage	. 1	0
CAIRO, IL 62914		X 255			Number of Recove	-	_		0
·	-0233				Number of Necovi	ery Stations	Stage	; <u>Z</u>	O
Administrator				Complete	Type of Ownersh	ip			
Frederick L. B	ernstein			2/7/2013	Other Not For Pro	-	ip		
Desistered Asses									
Registered Agen	τ						FER F	RELATIONS	
Branarty Owner					HOSPITAL NAME	_			ER OF PATIENT
Property Owner					Missouri Delta Ho	spital Sikes	ton, M	0	(
_egal Owner(s)									
						TAFFING P			
					PERSONNEL		FULL	-TIME EQU	
					Administrator				1.00
					Physicians				2.00
					Nurse Anesthetis				1.00
					Director of Nurses				1.00
					Registered Nurse Certified Aides	S			2.00 0.00
					Other Health Prof	· c			3.00
					Other Non-Health				1.00
					TOTAL				11.00
					. 5				
						AND HOU	RS OF	OPERATIO	N
					Monday				8
					Tuesday				8
					Wednesday				8
					Thursday Friday				8 0
					Saturday				0
					Sunday				0
NUMBE	ER OF PATIE	ENTS BY AGE	GROUP		NUMBER OF PA	ATIENTS B	Y PRIN	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTA	AI	PAYMENT SOU		ALE	FEMALE	TOTAL
0-14 years	0	0		0	Medicaid		0	0	0
15-44 years	0	0		0	Medicare		0	0	0
45-64 years	0	0		0	Other Public		0	0	0
65-74 years	0	0		0	Insurance		0	0	0
75+ years	0	0		0	Private Pay		0	0	0
TOTAL	0	0		0	Charity Care		0	0	0
					TOTAL		0	0	0
		ı	NET REVE	NUE BY PAYOR SOI	JRCE FOR FISCAL	/EAR			
								Charity	Charity Care
Medicare			er Public	Private Insurance	Private Pay	TOTALS		Care	Expense as %
#Num!	#	#Num!	#Num!	#Num!	#Num!	#Error		Expense	Total Net Rever
0		0	0	0	0		0		0 0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

	PROCEDURE	TOTAL	SURGERY	PREP AND CLEAN-UP	TOTAL SURGERY	AVERAGE CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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eference Num	hore	Facility Id 70	002462		Number of Operatir	na Poome		5
Health Service		Planning Se		049	Procedure Rooms	ig ixooms		0
		SURGERY CEN		040	Exam Rooms			0
04 W. TEMPLE		DONOLINI OLIV	TEIX		Number of Recover	v Stations Stans	. 1	5
FFINGHAM, IL	_				Number of Recover	-		13
•	02401				Number of Necover	y Glations Glage		10
dministrator	5.41		Date Comp		Type of Ownership	p		
Jean Roberts	s, R.N.		2/18/2	2013	Limited Liability Co	mpany (RA requ	red)	
egistered Age	nt				HOSPITA	AL TRANSFER I	RELATIONS	HIPS
Kevin McDer	mott				HOSPITAL NAME		NUMBE	ER OF PATIENTS
roperty Owner	r				St Anthony's Memo	orial Hospital, Eff	ingham. IL	4
Effingham Mo	edical Properti	es				,		0
egal Owner(s)								0
Kevin Malone, N					ST.	AFFING PATTE	PNS	v
lliniois Spine &					PERSONNEL		TIME EQUI	VAI ENTS
lames Flaig, Do						FULL	- I IIVIL LQUI	
lames Graham					Administrator Physicians			1.00 2.00
lason McAllaste	er, DO				Nurse Anesthetists			2.00
ay Swanson, D	DDS				Director of Nurses	'		0.00
Jeffrey Whightsel, MD				Registered Nurses 19.00				
John Kay, MD				Certified Aides		0.00		
Frank Lee, MD				Other Health Profs			8.00	
Celly Haller, MD)				Other Non-Health I	Profs		7.30
SurgCenter Dev					TOTAL 39.30			
_awrence Lever								
isa Kowalski, N	•				DAYS A	AND HOURS OF	OPERATIO	N
Michael Schulth					Monday			12
And Others	.0.0,2				Tuesday			12
					Wednesday			12
					Thursday			12
					Friday			12
					Saturday			0
					Sunday			0
		NTS BY AGE G			NUMBER OF PA			
AGE	MALE	FEMALE	TOTAL	-	PAYMENT SOUR		FEMALE	TOTAL
0-14 years	24	10	34		Medicaid	60	203	263
15-44 years	464	624	1,088		Medicare	1,214	1,797	3,011
45-64 years	1,170	1,309	2,479		Other Public Insurance	83 1,502	21 1,643	104 3 145
65-74 years 75+ years	655 570	924 820	1,579 1,390		Private Pay	1,502	1,643	3,145 39
rotal FOTAL	2,883	3,687	6,570	-	Charity Care	23 1	7	8
IOIAL	2,003	3,007	0,570		TOTAL	2,883	3,687	6,570
		NE	T REVENUE	BY PAYOR SOU	RCE FOR FISCAL Y	EAR	Ob ''	Objective O
							Charity	Charity Cara
Medicare		licaid Othe	r Public Pri	vate Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense as % of

21,358,700

1,669,340

25,197,713

1,583

1,913,375

104,490

151,808

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2235	785.75	199.50	985.25	0.44
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	276	86.75	25.25	112.00	0.41
Ophthalmology	895	172.75	73.50	246.25	0.28
Oral/Maxillofacial	94	80.50	11.00	91.50	0.97
Orthopedic	1293	765.50	135.00	900.50	0.70
Otolaryngology	4	2.25	0.25	2.50	0.63
Pain Management	1671	209.25	0.08	209.33	0.13
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	75	46.00	6.25	52.25	0.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	27	10.75	2.00	12.75	0.47
TOTAL	6570	2,159.50	452.83	2612.33	0.40

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 66 of 282 1/7/2014

IBULATORY SU	JRGICAL TR	EATMENT CEN	TER PROFILE-201	2 MARIO	ON EYE SURGERY	CENTER	N	IT. VERNON
eference Numbe	ers	Facility Id 7	003143		Number of Opera	ting Rooms		2
lealth Service Ar	rea 005	Planning Se	ervice Area 081		Procedure Rooms	S		0
ARION EYE SUI	RGERY CEN	NTER			Exam Rooms			1
900 BROADWAY	Y, SUITE B				Number of Recov	ery Stations Stag	je 1	1
T. VERNON, IL	•				Number of Recov			4
dministrator			Date Complete					
Lorianne Rayno	or		2/27/2013		Type of Ownersh	nip		
Lonarine Rayin	OI .		2/21/2013		Limited Liability C	company (RA req	uired)	
egistered Agent	t				ноев	TAL TRANSFER	DEL ATIONS	LUDE
Maqbool Ahma					HOSPITAL NAMI	_		ER OF PATIENTS
roperty Owner					St Mary's Good S			
egal Owner(s)					ot mary 5 Good C	amantan ine wi.	vernon, ie o.	0 0 0
egai Owner(s)								0
Maqbool Ahmad					s	TAFFING PATTI	ERNS	
					PERSONNEL	FUI	L-TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			5.00
					Nurse Anesthetis	its		2.00
					Director of Nurse	s		0.00
					Registered Nurse	es		7.00
					Certified Aides			0.00
					Other Health Pro			7.00
					Other Non-Health	n Profs		1.00
					TOTAL			23.00
					DAYS	AND HOURS O	F OPERATIO	N
					Monday			9
					Tuesday			9
					Wednesday			9
					Thursday			9
					Friday			9
					Saturday			0
					Sunday			0
NUMBE	R OF PATIE	NTS BY AGE G	ROUP			ATIENTS BY PR		
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU		FEMALE	TOTAL
0-14 years	4	5	9		Medicaid	89	166	255
15-44 years	58	45	103		Medicare	1,025	1,396	2,421
45-64 years	394	557	951		Other Public	30	27	57
65-74 years	562	901	1,463		Insurance	297	399	696
75+ years	463	515	978		Private Pay Charity Care	40 0	35 0	75 0
TOTAL	1,481	2,023	3,504		TOTAL	1,481	2,023	3,504
		NI	T REVENUE BY P	AYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	dicaid Othe	Public Private I	nsurance	Private Pay	TOTALS	Care	Expense as % of
Modioaro					•		Expense	Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 67 of 282

2,254,349

109,921

14,379,939

10,671,372

1,100,187

244,110

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	325	272.25	107.50	379.75	1.17
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3179	734.50	1,057.00	1791.50	0.56
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3504	1,006.75	1,164.50	2171.25	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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IBULATORY S	SURGICAL T	REATMENT CEN	TER PROFILE-201	2 MARIO	ON HEALTHCARE, L	LC	N	MARION	
eference Num	bers	Facility Id 7	002801		Number of Operati	ng Rooms		3	
Health Service Area 005 Planning Service Area 199					Procedure Rooms		1		
MARION HEALTHCARE, LLC					Exam Rooms		0		
8003 CIVIC CIRCLE BOULEVARD					Number of Recove	ry Stations Stag	e 1	6	
MARION, IL 629	959				Number of Recove	-		5	
dministrator			Date Complete						
Jennifer Van	Motor		2/25/2013		Type of Ownershi	ip			
Jennier van	Meter		2/23/2013		Limited Liability Co	ompany (RA requ	uired)		
egistered Age	nt				HOSPIT	AL TRANSFER	REI ATIONS	HIPS	
Thomas J. Pl	Liura, M.D., J	.D.			HOSPITAL NAME			ER OF PATIENTS	
roperty Owner	•				Herrin Hospital, He		TTOME	3	
Marion Health	hCare Real E	state Company			Herriir Hospital, He	511111 IL		0	
.egal Owner(s)								0 0	
								0	
Michael Schifan	•				ST	AFFING PATTE	RNS		
Christopher Mod	,				PERSONNEL		L-TIME EQU	IVALENTS	
Clay DeMattei, I					Administrator	. 02	= = 40	1.00	
David Mann, M.					Physicians			0.00	
Frank Blyer, M.I					Nurse Anesthetists	S		3.00	
Jack Sanford, M					Director of Nurses		1.00		
Jeffery Deacon, DPM					Registered Nurses	3	13.00		
Alberto Cuartus	, M.D.				Certified Aides		0.00		
Khalid Javed, M.D.					Other Health Profs			7.00	
Udaya Liyanage	e, M.D.				Other Non-Health Profs 6.00			6.00	
Patrick Sayavor	ng, D.O.				TOTAL 31.00				
R. Lawrence Ha	tchett, M.D.								
Sean McCain, N	Л.D.				DAYS	AND HOURS O	F OPERATIO	N	
Sushilkumar Tib	rewala, M.D.				Monday			12	
And Others					Tuesday			12	
					Wednesday			12	
					Thursday			12	
					Friday			12	
					Saturday Sunday			5 0	
AUUMAD	ED OF DAT	ENTO DV 405 0	DOUD		•	TIENTS BY DDI	MADY DAYN	· · ·	
		ENTS BY AGE G			PAYMENT SOUR		FEMALE	TOTAL	
AGE 0-14 years	MALE 142	FEMALE 73	TOTAL 215		Medicaid	269	642	911	
15-44 years	214	73 634	215 848		Medicare	972	1,086	2,058	
45-64 years	511	607	1,118		Other Public	8	22	30	
65-74 years	528	599	1,127		Insurance	429	552	981	
75+ years	296	399	695		Private Pay	13	10	23	
TOTAL	1,691	2,312	4,003		Charity Care	0	0	0	
	-	•	·		TOTAL	1,691	2,312	4,003	
		NE	ET REVENUE BY P	AYOR SOU	RCE FOR FISCAL Y	EAR			
			B.18 - 51 - 1		D:	TOTAL 2	Charity	Charity Care	
Medicare				nsurance	Private Pay	TOTALS	Care	Expense as % of	
24.2%		14.3%	0.7%	60.4%	0.4%	100.0%	Expense	Total Net Rev	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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4,046,156

25,808

6,701,697

1,623,464

961,606

44,663

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	73	31.00	48.75	79.75	1.09
Dermatology	50	15.00	28.50	43.50	0.87
Gastroenterology	2020	538.00	741.50	1279.50	0.63
General Surgery	241	93.00	152.75	245.75	1.02
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.00	1.00	2.00	2.00
OB/Gynecology	229	74.00	114.50	188.50	0.82
Ophthalmology	241	79.00	80.50	159.50	0.66
Oral/Maxillofacial	58	16.00	26.00	42.00	0.72
Orthopedic	41	17.00	27.25	44.25	1.08
Otolaryngology	196	71.00	78.50	149.50	0.76
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	75	104.00	44.00	148.00	1.97
Thoracic	38	8.00	18.00	26.00	0.68
Urology	230	64.00	109.00	173.00	0.75
TOTAL	3493	1,111.00	1,470.25	2581.25	0.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	510	110.5	157.75	268.25	0.53
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	510	110.5	157.75	268.25	0.53

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Numbers Facility Id 7001241					Number of Operatin	g Rooms		2		
Health Service Area 005 Planning Service Area 199					Procedure Rooms 0					
ARION SURGE					Exam Rooms			0		
06 NORTH TRE	AS , P.O. Box	1729			Number of Recovery Stations Stage 1 2					
ARION, IL 62959					Number of Recover	y Stations Stage	2	2		
dministrator			Date Comple	ete	Tyme of Ownership					
Linda K. Bicke	ers		1/31/201	13	Type of Ownership					
					Limited Partnership	(RA requirea)				
egistered Ager	nt				HOSPITA	AL TRANSFER F	RELATIONS	HIPS		
Ronald E. Osi	man				HOSPITAL NAME			ER OF PATIENTS		
roperty Owner					Heartland Regional	Medical Center		0		
egal Owner(s)						,		0 0		
William P. Hess	Sr DPM							Ü		
Jkeme Umana	,					AFFING PATTE	RNS			
RJO L.P.					PERSONNEL	FULL	-TIME EQU	VALENTS		
Paducah Bank a	nd trust FBO F	Paul Juergens			Administrator			1.00		
Marion Holdings		2 2 2 3 2 2 2 3			Physicians		0.00			
Maqbool Ahmad					Nurse Anesthetists		0.00			
George Ortiz M.I					Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health Profs			1.00		
seorge Ortiz ivi.i	D.							5.00 0.00 2.00 3.00		
					TOTAL			12.00		
					DAYS A	ND HOURS OF	OPERATIO	N		
					Monday			9		
					Tuesday			9		
					Wednesday			9		
					Thursday			9		
					Friday			8		
					Saturday			0 0		
					Sunday			•		
		NTS BY AGE GI			NUMBER OF PAT					
AGE	MALE	FEMALE	TOTAL		PAYMENT SOUR		FEMALE	TOTAL		
0-14 years	31	19	50		Medicaid	10	11	21		
15-44 years	73	78	151		Medicare Other Public	252	433	685		
45-64 years	155 100	225	380		Insurance	0 206	0 240	0 446		
65-74 years 75+ years	109 114	229 140	338 254		Private Pay	∠06 11	6	446 17		
TOTAL	482	691	1,173		Charity Care	3	1	4		
IOIAL	402	091	1,173		TOTAL	482	691	1,173		
		NE	T REVENUE R	Y PAYOR SOU	RCE FOR FISCAL YE	·ΔR				
		NL	I	A. J	I OK I IOOAL IL	u t	Q 1 1:	O. 1. O		
							('haritu	('haritu ('ara		
Medicare	Medi	raid Other	Public Priva	te Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense as % of		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 71 of 282

1,055,325

63,284

1,616,636

10,460

491,022

7,005

0

1%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	1	0.50	0.75	1.25	1.25
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	30	15.00	17.50	32.50	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	247	74.00	162.50	236.50	0.96
Oral/Maxillofacial	51	74.00	48.00	122.00	2.39
Orthopedic	28	16.00	25.75	41.75	1.49
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	784	124.00	243.25	367.25	0.47
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	32	39.00	21.75	60.75	1.90
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1173	342.50	519.50	862.00	0.73

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 72 of 282

Reference Numbers	•	002900	Number of Operating Ro	oms		0
Health Service Area 00	5 Planning S	ervice Area 199	Procedure Rooms			1
PAIN CARE SURGERY			Exam Rooms			3
108 AIRWAY DRIVE			Number of Recovery Sta	tions Stage	e 1	0
MARION, IL 62959			Number of Recovery Sta	tions Stage	€ 2	4
Administrator Laxmaiah Manchikanti		Date Complete 2/26/2013	Type of Ownership			
			Corporation (RA require	d)		
Registered Agent			HOSPITAL T	RANSFER	RELATIONS	HIPS
Laxmaiah Manchikanti			HOSPITAL NAME		NUMB	ER OF PATIENTS
Property Owner			Heartland Regional Cen	ter		1
						0
						0
egal Owner(s)						0
Yogesh Malla			STAFFI	STAFFING PATTERNS		
Laxmaiah Manchikanti			PERSONNEL		IVALENTS	
			Administrator			0.00
			Physicians			0.00
			Nurse Anesthetists			0.00
			Director of Nurses			0.00
			Registered Nurses			1.00
			Certified Aides			0.00
			Other Health Profs.			0.00
			Other Non-Health Profs			1.00
			TOTAL			2.00
			DAYS AND	HOURS OF	OPERATIO	N
			Monday			9
			Tuesday			9
			Wednesday			0
			Thursday			0
			Friday			0
			Saturday			0
			Sunday			0
NUMBER OF PA	TIENTS BY AGE G	ROUP	NUMBER OF PATIEN	TS BY PRII	MARY PAYN	IENT SOURCE
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years 0	0	0	Medicaid	269	645	914
15-44 years 195	527	722	Medicare	255	431	686
45-64 years 354	579	933	Other Public	9	5	14
65-74 years 55	81	136	Insurance	82	141	223
75+ years 11	35	46	Private Pay	6	4	10
TOTAL 615	1,222	1,837	Charity Care	0	0	0
			TOTAL	621	1,226	1,847
	N	ET REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR			
	141				Charity	Charity Care
Medicare I	Medicaid Othe	r Public Private Ins	surance Private Pay TOT	ALS	Care	Expense as % o
22.0%	65.6%	1.5%	·	0.0%	Expense	Total Net Revenu
222.700	605.076	15 470		0.070 0.50 440		0.00/

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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97,087

18,880

1,059,449

0

0%

1/7/2014

232,700

695,304

15,478

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1837	107	245	352	0.19
TOTALS	1	1837	107	245	352	0.19

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 74 of 282 1/7/2014

eference Numb	ers	Facility Id	7003128		Number of Operat	ing Rooms		2	
Health Service A	rea 005	Planning S	Service Area	077	Procedure Rooms			1	
HYSICIANS' SU	RGERY CE	NTER, LLC			Exam Rooms			0	
601 WEST MAIN	STREET				Number of Recove	ery Stations Stage	e 1	5	
ARBONDALE, I	_ 62901-10	34			Number of Recove	ery Stations Stage	e 2	5	
dministrator			Date Comp	olete	T 1 O	:			
Stephen Renfr	0		2/27/2		Type of Ownersh Limited Liability Co		ired)		
egistered Agen	t				HOSPIT	TAL TRANSFER	RELATIONS	HIPS	
Bill Sherwood					HOSPITAL NAME		NUMBI	ER OF PATIENTS	
roperty Owner					Memorial Hospital	, Carbondale, Illir	nois	4	
Southern Illino	is Healthca	re				, ,		0	
egal Owner(s)								0	
.,								0	
Sylvia Garwin, M Southern Illinois					STAFFING PATTERNS				
Sam Stokes, III,					PERSONNEL FULL-TIME EQUIVALENTS				
Michaelis Jackso					Administrator			0.00	
Marsha Nelson, I	•				Physicians			0.00	
					Nurse Anesthetist	S		0.00	
Judsen Brewer, MD					Director of Nurses	3		1.00	
Frederick Dressen, DO					Registered Nurse	S		6.50	
Frank Walker, MD					Certified Aides			0.00	
Douglas Gates, M	ИD				Other Health Prof			7.25	
Adrian Martin, MI)				Other Non-Health Profs 3.50				
					TOTAL			18.25	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday			10	
					Tuesday			10	
					Wednesday			10	
					Thursday			10	
					Friday			10	
					Saturday Sunday			0 0	
NUMBE	R OF PATI	ENTS BY AGE	GROUP		NUMBER OF PA	TIENTS BY PRI	MARY PAYN	ENT SOURCE	
AGE	MALE	FEMALE	TOTAL	_	PAYMENT SOU	RCE MALE	FEMALE	TOTAL	
0-14 years	206	162	368		Medicaid	219	770	989	
15-44 years	265	607	872		Medicare	471	491	962	
45-64 years	450	626	1,076		Other Public	34	20	54	
65-74 years	282	338	620		Insurance	616	690	1,306	
75+ years	204	264	468	-	Private Pay	57	19 7	76	
TOTAL	1,407	1,997	3,404		Charity Care TOTAL	10 1,407	1,997	3,404	
		N	IET REVENUE	BY PAYOR SOU	JRCE FOR FISCAL \	'EAR	Observe	Ohari't o Oa	
							Charity	Charity Care	
Medicare	NA-	edicaid Oth	er Public Pri	vate Insurance	Private Pay	TOTALS	Care	Expense as % of	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 75 of 282

3,022,233

390,395

4,145,144

18,201

517,572

209,260

5,684

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	268	149.75	220.00	369.75	1.38
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	204	70.00	123.75	193.75	0.95
Ophthalmology	784	115.00	270.50	385.50	0.49
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	444	134.50	209.75	344.25	0.78
Pain Management	676	89.50	133.50	223.00	0.33
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	636	108.50	334.00	442.50	0.70
TOTAL	3012	667.25	1,291.50	1958.75	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	392	97	142.5	239.5	0.61
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	392	97	142.5	239.5	0.61

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

Health Service	nbers	Facility Id 7	002421	Number of Operating Ro	oms		3	
ileaitii Seivice	Area 005	Planning Se	ervice Area 199	Procedure Rooms			0	
OUTHERN ILL	INOIS ORTHO	OPEDIC CENTER		Exam Rooms			1	
10 LINCOLN D			,	Number of Recovery Sta	Number of Recovery Stations Stage 1 4			
IERRIN, IL 629				Number of Recovery Sta	_		6	
dministrator			Date Complete		J			
Greg Thomp	scon		2/28/2013	Type of Ownership				
Greg momp	15011		2/20/2013	Limited Liability Compan	y (RA requ	red)		
egistered Age	ent			HOSPITAL TR	ANSFER	RELATIONS	HIPS	
Richard Morg	gan, MD			HOSPITAL NAME	CANOL EIC		R OF PATIENTS	
roperty Owne	r			HERRIN HOSPITAL		NONDL	3	
.egal Owner(s))						0 0 0	
Southern Ortho	pedic Associa	tes, LLC		OTAFFIN	IO DATTE	200	O	
Souhtern Illinois	s Healthcare S	ervices		PERSONNEL	STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS			
				Administrator	. 011	LQUI	1.00	
				Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses			13.00	
				Certified Aides			0.00	
				Other Health Profs.			7.00	
				Other Non-Health Profs			5.00	
				TOTAL			27.00	
				DAYS AND H	OURS OF	OPERATION	N	
				DAYS AND H	IOURS OF	OPERATION	8	
					OURS OF	OPERATION		
				Monday Tuesday Wednesday	HOURS OF	OPERATION	8 8 8	
				Monday Tuesday Wednesday Thursday	IOURS OF	OPERATION	8 8 8 8	
				Monday Tuesday Wednesday Thursday Friday	IOURS OF	OPERATION	8 8 8 8	
				Monday Tuesday Wednesday Thursday Friday Saturday	HOURS OF	OPERATION	8 8 8 8 8	
AULMA	DED OF DATE	THIS BY AGE O	2010	Monday Tuesday Wednesday Thursday Friday Saturday Sunday			8 8 8 8 0 0	
		ENTS BY AGE G		Monday Tuesday Wednesday Thursday Friday Saturday Sunday	'S BY PRIM	IARY PAYMI	8 8 8 8 8 0 0	
AGE	MALE	FEMALE	TOTAL	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT	'S BY PRIN Male	IARY PAYMI FEMALE	8 8 8 8 0 0 0 ENT SOURCE	
AGE 0-14 years	MALE 46	FEMALE 35	TOTAL 81	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid	S BY PRIM MALE 211	IARY PAYMI FEMALE 198	8 8 8 8 0 0 0 ENT SOURCE TOTAL 409	
AGE 0-14 years 15-44 years	MALE 46 516	FEMALE 35 376	TOTAL 81 892	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT	'S BY PRIN Male	IARY PAYMI FEMALE	8 8 8 8 0 0 0 ENT SOURCE	
AGE 0-14 years 15-44 years 45-64 years	MALE 46	FEMALE 35	TOTAL 81	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare	**************************************	FEMALE 198 307	8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633	
O-14 years 15-44 years 45-64 years 65-74 years	MALE 46 516 563	35 376 562	TOTAL 81 892 1,125	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare Other Public	MALE 211 326 49	FEMALE 198 307 35	8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633 84	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 46 516 563 154 62	35 376 562 203 118	TOTAL 81 892 1,125 357 180	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare Other Public Insurance	MALE 211 326 49 699	FEMALE 198 307 35 697	8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633 84 1,396	
AGE	MALE 46 516 563 154	FEMALE 35 376 562 203	TOTAL 81 892 1,125 357	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay	MALE 211 326 49 699 41	FEMALE 198 307 35 697 45	8 8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633 84 1,396 86	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 46 516 563 154 62	35 376 562 203 118 1,294	TOTAL 81 892 1,125 357 180 2,635	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay Charity Care TOTAL	MALE 211 326 49 699 41 15	FEMALE 198 307 35 697 45 12	8 8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633 84 1,396 86 27	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 46 516 563 154 62	35 376 562 203 118 1,294	TOTAL 81 892 1,125 357 180 2,635	Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENT PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay Charity Care	MALE 211 326 49 699 41 15	FEMALE 198 307 35 697 45 12	8 8 8 8 8 0 0 0 ENT SOURCE TOTAL 409 633 84 1,396 86 27	

16,348,041

752,162

25,058,213

2,079

696,073

2,673,391

4,588,546

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2635	1,905.00	1,167.00	3072.00	1.17
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2635	1,905.00	1,167.00	3072.00	1.17

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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1/7/2014

eference Num	bers	Facility Id 7	001969	Number of Operating Ro	oms		4
Health Service A	Area 006	Planning Se	ervice Area 030	Procedure Rooms			0
5 EAST SAME	DAY SURGE	_		Exam Rooms			0
5 EAST WASH				Number of Recovery Sta	tions Stage	e 1	12
CHICAGO, IL 60				Number of Recovery Sta	_		0
•	3002 1700			rumber of recovery old	ilono otago	, _	J
Administrator			Date Complete	Type of Ownership			
Kim Zidonis			2/26/2013	Limited Liability Company	y (RA requi	ired)	
Registered Age	nt			HOSPITAL TR	ANSFER F	RELATIONSHI	PS
CT CORPOR	ATION			HOSPITAL NAME			OF PATIENT
Property Owner	•			UNIVERSITY OF CHICA	GO HOSP		
ASPIRE PRO	PERTY			ONIVEROIT OF OTHER	10011001	IIAL	
.egal Owner(s)							
.0941 0 111101(3)							
SCOTT RUBINS	STEIN, MD						
SANJAY RAO, I	MD			STAFFING PATTERNS			
NSUHS/USP I C	CORP			PERSONNEL	FULL	TIME EQUIV	ALENTS
MARY SZATKO	WSKI, MD			Administrator			1.00
JINGTAO GUO	. MD			Physicians 0			
HITE HASS FAI		ICE		Nurse Anesthetists 0			
GEORGE BUCCIERO, DPM							1.00
	•			9			5.00
DAVID GARELI	-			Certified Aides			0.00 3.00
COLMAN KRAF	F, MD			Other Health Profs.			
				Other Non-Health Profs 2.00			
				TOTAL			12.00
				DAYS AND H	IOURS OF	OPERATION	
				Monday			8
				Tuesday			8
				Wednesday			8
				Thursday			8
				Friday			8
				Saturday			0
				Sunday			0
		ENTS BY AGE G		NUMBER OF PATIENT			
AGE 0.14 years	MALE	FEMALE 17	TOTAL	PAYMENT SOURCE Medicaid	MALE 36	FEMALE 52	TOTAL 88
0-14 years	7 103		24 616	Medicare	36 296	52 471	00 767
15-44 years	193 271	423 444	616 715	Other Public	296 1	1	2
45-64 years 65-74 years	195	312	507	Insurance	431	632	1,063
75+ years	152	205	357 357	Private Pay	54	245	299
TOTAL	818	1,401		Charity Care	0	0	0
IOIAL	010	1,401	2,219	TOTAL	818	1,401	2,219
				IOIAL	310	1,401	۷,۷۱۶

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Expens	rity Care se as % of
17.7%	1.4%	0.1%	69.3%	11.5%	100.0%	Expense	Total N	et Revenu
718,943	58,028	2,565	2,815,315	466,010	4,060,861		0	0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 79 of 282 1/7/2014

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2	0.50	0.50	1.00	0.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	105	45.50	52.50	98.00	0.93
Ophthalmology	1252	440.75	626.00	1066.75	0.85
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	174	126.75	87.00	213.75	1.23
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	104	21.75	34.50	56.25	0.54
Plastic	301	534.50	150.50	685.00	2.28
Podiatry	276	230.25	138.00	368.25	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	2.00	1.50	3.50	0.70
TOTAL	2219	1,402.00	1,090.50	2492.50	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 80 of 282

eference Num	bers	Facility Id 70	002256	Number of Operating Ro	oms		3	
Health Service A		Planning Se		Procedure Rooms	0.110		0	
		URGICAL CENT		Exam Rooms			0	
333 NORTH HA				Number of Recovery Sta	tions Stand	1	5	
HICAGO, IL 60		<i>J</i> L		Number of Recovery Sta	_		2	
	0101			Number of Necovery Cla	tions otage	, 2	2	
dministrator			Date Complete	Type of Ownership				
Dr. Severko H	Hrywnak		2/27/2013	Corporation (RA required	d)			
egistered Age				HOSPITAL TF	RANSFER	RELATIONSH	IIPS	
ROBERT PO	LOVIN			HOSPITAL NAME		NUMBE	R OF PATIENTS	
roperty Owner				GOTLIEB MEMORIAL H	IOSPITAL		0	
2333 N. HAR	LEM LIMITED) PARTNERSHIF					0 0	
egal Owner(s)							0	
SEVERKO HRY	/WNAK			STAFFII	NG PATTE	RNS		
				PERSONNEL	_	L-TIME EQUI\	/ALENTS	
				Administrator			1.00	
				Physicians			1.00	
				Nurse Anesthetists			1.00	
				Director of Nurses			1.00	
				Registered Nurses			2.00	
				Certified Aides			0.00	
				Other Health Profs. Other Non-Health Profs			5.00 6.00	
				TOTAL			17.00	
				TOTAL			17.00	
					HOURS OF	OPERATION		
				Monday			11	
				Tuesday			11	
				Wednesday Thursday			11 11	
				Friday			11	
				Saturday			8	
				Sunday			0	
NUMB	BER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENT	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
• • •	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
AGE	3	2	5	Medicaid	0	0	0	
0-14 years	187	174	361	Medicare	0	4	4	
0-14 years 15-44 years	193	248	441	Other Public	0	0	0	
0-14 years 15-44 years 45-64 years		10	16	Insurance	297	380	677	
0-14 years 15-44 years 45-64 years 65-74 years	6		2	Private Pay	87	48	135	
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	6 2	0		Charite Cara				
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	6	434	825	Charity Care	7	2	9	
AGE 0-14 years 15-44 years 45-64 years 65-74 years 75+ years TOTAL	6 2			Charity Care TOTAL	391	434	825	
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	6 2	434	825					
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	6 2	434	825	TOTAL				

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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2,798,775

123,550

2,922,325

45,000

0

0

2%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	13	13.00	6.00	19.00	1.46
Gastroenterology	81	43.00	30.00	73.00	0.90
General Surgery	28	31.00	12.00	43.00	1.54
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	5	2.00	5.00	7.00	1.40
Oral/Maxillofacial	13	4.00	7.00	11.00	0.85
Orthopedic	157	171.00	68.00	239.00	1.52
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	342	118.00	81.00	199.00	0.58
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	185	214.00	83.00	297.00	1.61
Thoracic	1	1.00	1.30	2.30	2.30
Urology	0	0.00	0.00	0.00	0.00
TOTAL	825	597.00	293.30	890.30	1.08

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 82 of 282 1/7/2014

IBULATORY S	SURGICAL TR	EATMENT CEN	TER PROFILE-20	12 ALBA	NY MEDICAL SURC	SICAL CENTER	C	CHICAGO
eference Num	bers	Facility Id 70	000789		Number of Operat	ting Rooms		2
Health Service A	Area 006	Planning Se	rvice Area 030		Procedure Rooms			0
LBANY MEDIC	AL SURGICAL	_			Exam Rooms			3
086 N. ELSTON					Number of Recov	ery Stations Stag	e 1	1
CHICAGO, IL 60	_				Number of Recov			1
·	3030				Number of Necov	ery Stations Stag	62	'
dministrator			Date Complete		Type of Ownersh	nip		
Diana Maraci	ch		3/11/2013		Sole Proprietorshi			
					Colo i ropilotorom	۳		
egistered Age	nt				HOSPI	TAL TRANSFER	RELATIONS	HIPS
					HOSPITAL NAME	Ī	NUMBI	ER OF PATIENTS
roperty Owner					Northwestern Mer	morial Hospital		0
Walter Drago	SZ							0
								0
egal Owner(s)								0
								0
Walter Dragosz					s	TAFFING PATTE	RNS	
					PERSONNEL	FUL	L-TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			3.00
					Nurse Anesthetis	ts		1.00
					Director of Nurses	S		1.00
					Registered Nurse	s		1.00
					Certified Aides			4.00
					Other Health Prof			4.00
					Other Non-Health	Profs		29.00
					TOTAL			44.00
					DAYS	AND HOURS OF	F OPERATIO	N
					Monday			9
					Tuesday			9
					Wednesday			9
					Thursday			9
					Friday			9
					Saturday			8
					Sunday			0
NUMB	ER OF PATIE	NTS BY AGE GI	ROUP		NUMBER OF PA	ATIENTS BY PRI	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU	RCE MALE	FEMALE	TOTAL
0-14 years	0	33	33		Medicaid	0	0	0
15-44 years	0	5,428	5,428		Medicare	0	0	0
45-64 years	0	9	9		Other Public	0	0	0
65-74 years	0	0	0		Insurance	0	1,512	1,512
75+ years	0	0	0		Private Pay	0	3,958	3,958
TOTAL	0	5,470	5,470		Charity Care	0	0	0
					TOTAL	0	5,470	5,470
		NE	T REVENUE BY	PAYOR SOU	RCE FOR FISCAL	YEAR		
			5				Charity	Charity Care
Medicare				Insurance	Private Pay	TOTALS	Care	Expense as % of
0.0%	1	0.0%	0.0%	49.6%	50.4%	100.0%	Expense	Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 83 of 282

1,910,967

1,938,859

3,849,826

0

0

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	5470	1,367.00	1,826.00	3193.00	0.58
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5470	1,367.00	1,826.00	3193.00	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

Number of Recovery Stations Stage 2 2 2 3 3 3 3 3 3 3	lealth Service Are		Facility Id 7	000037	Number of Operating Ro	00		2
Number of Recovery Stations Stage 1 8			_					0
Number of Recovery Stations Stage 2 2 2 2 3 3 3 3 3 3	MERICAN WOME	EN'S MEDIC	CAL GROUP DB	A WESTERN DIVERSE	Exam Rooms			2
Type of Ownership Corporation (RA required)	744 N. WESTERN	N AVENUE				_		8
Regilstered Agent	HICAGO, IL 606	47			Number of Recovery Sta	tions Stage	2	2
Registered Agent				•	Type of Ownership			
Vedder Price HOSPITAL NAME NUMBER OF PATIENT STAFFING PATTERNS PERSONNEL FPRSONNEL FPRSONNEL FULL-TIME EQUIVALENTS Administrator 1.00 Physicians 2.00 Nurse Anesthetists 0.00 Director of Nurses 1.00 Certified Aides 0.00 Other Monday 1.00 DAYS AND HOURS OF OPERATION Monday 10 Tuesday 6 Wednesday 10 Thursday 0 Firiday 10 Thursday 0 Firiday 10 Saturday 7 Sunday 0 NUMBER OF PATIENTS BY AGE GROUP AGE	Renlin Xia M.D.			2/26/2013		I)		
Vedder Price HOSPITAL NAME NUMBER OF PATIENT Property Owner (s) Renlin Xia, M.D. STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS Administrator 1.00 Physicians 2.00 Nurse Anesthetists 0.00 Director of Nurses 1.00 Certified Aides 0.00 Other Health Profs 1.00 Other Health Profs 5.00 TOTAL 11.00 DAYS AND HOURS OF DERATION Monday 10 Tuesday 6 Wednesday 10 Truesday 6 Wednesday 10 Thursday 0 Firiday 10 Saturday 7 Saturday 7 Saturday 7 Saturday 7 <td>egistered Agent</td> <td></td> <td></td> <td></td> <td>HOSDITAL TE</td> <td>ANGEED E</td> <td>DEI ATIONISHI</td> <td>De</td>	egistered Agent				HOSDITAL TE	ANGEED E	DEI ATIONISHI	De
Norwegian Hospstal Chicago	_					MANGFER		_
Renlin Xia, M.D. Renlin Xia Jan Barton PERSONNEL FULL-TIME EQUIVALENTS Administrator 1.00 Physicians 2.00 Nurse Anesthetists 0.00 Director of Nurses 1.00 Registered Nurses 1.00 Certified Aides 0.00 Other Health Profs 1.00 Other Health Profs 1.00 Other Mon-Health Profs 5.00 TOTAL 11.00 DAYS AND HURS OF OPERATION Monday 10 Tuesday 6 Wednesday 10 Tuesday 6 Wednesday 10 Thursday 6 Wednesday 10 Thursday 6 Wednesday 10 Thursday 7 Sunday 7	roperty Owner					cado	NONDE	COLLYCTER
Renlin Xia Jan Barton STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS Administrator 1.00 Physicians 2.00 Nurse Anesthetists 0.00 Director of Nurses 1.00 Registered Nurses 1.00 Other Health Profs 1.00 Other Mon-Health	Renlin Xia, M.D				rvorwegiair riespoliai erii	ougo		
STAFFING PATTERNS								
STAFFING	egal Owner(s)							
Personnel								
PERSONNEL FULL-TIME EQUIVALENTS					STAFFIN	NG PATTER	RNS	
Physicians	an Barton				PERSONNEL	FULL	-TIME EQUIV	ALENTS
Nurse Anesthetists 0,00					Administrator			1.00
Director of Nurses					Physicians			2.00
Registered Nurses					Nurse Anesthetists			0.00
Certified Aides					Director of Nurses			1.00
Other Health Profs					Registered Nurses			1.00
Chter Non-Health Profs 5.00 TOTAL 11.00 11.00					Certified Aides			0.00
DAYS AND HOURS OF OPERATION 11.00					Other Health Profs.			1.00
DAYS AND HOURS OF OPERATION 10 10 10 10 10 10 10 1					Other Non-Health Profs			5.00
Monday					TOTAL			11.00
Tuesday 10					DAYS AND H	IOURS OF	OPERATION	
Number of Patients by Age Group Number of Patients by Pati					Monday			10
Thursday 10 Friday 10 Saturday 7 Sunday 0 O O O O O O O O O					•			6
Friday Saturday Saturday Sunday O					Wednesday			10
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE					•			0
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE					•			-
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE AGE MALE FEMALE TOTAL PAYMENT SOURCE MALE FEMALE TOTAL TOTAL Medicaid 0 0 0 0 0 0 0 0 0					•			
AGE MALE FEMALE TOTAL 0-14 years 0 12 12 12 15-44 years 0 1,505 1,505 Medicare 0 0 0 0 45-64 years 1 15 16 65-74 years 0 0 0 0 0 75+ years 0 0 0 0 0 TOTAL 1 1,532 1,533 PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0					Sunday			0
0-14 years 0 12 12 Medicaid 0 0 0 0 15-44 years 0 1,505 1,505 Medicare 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NUMBER	R OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYME	NT SOURCE
15-44 years 0 1,505 1,505 Medicare 0 0 0 0 0 45-64 years 1 15 16 Other Public 0 0 0 0 65-74 years 0 0 0 0 Insurance 1 90 91 75+ years 0 0 0 0 Private Pay 0 1,442 1,442 TOTAL 1 1,532 1,533 Charity Care 0 0 0 0 TOTAL 1 1,532 1,533		MALE						
45-64 years 1 15 16 Other Public 0 0 0 0 65-74 years 0 0 0 Insurance 1 90 91 75+ years 0 0 0 Private Pay 0 1,442 1,442 TOTAL 1 1,532 1,533 Charity Care 0 0 0 TOTAL 1 1,532 1,533						_		
65-74 years 0 0 0 0 0 Insurance 1 90 91 75+ years 0 0 0 0 TOTAL 1 1,532 1,533 Charity Care 0 0 0 0 TOTAL 1 1,532 1,533		0	1,505					
75+ years 0 0 0 Private Pay 0 1,442 1,442 TOTAL 1 1,532 1,533 Charity Care 0 0 0 TOTAL 1 1,532 1,533	•	1	15	16				
TOTAL 1 1,532 1,533 Charity Care 0 0 0 0 TOTAL 1 1,532 1,533	•							
TOTAL 1 1,532 1,533					•	-	•	
	ΓΟΤΑL	1	1,532	1,533				
					TOTAL	1	1,532	1,533
MET BEVENUE BY BAYOR GOVERN TO BE TO SEE THE SECOND								
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR			NII	ET DEVENUE BY DAVOD S	OLIDCE EOD EISCAL VEAD			

74.4%

687,027

100.0%

923,519

25.6%

236,492

0.0%

0

0.0%

0

0.0%

0

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	3	2.25	1.35	3.60	1.20
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1527	763.50	794.04	1557.54	1.02
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	3	3.25	3.50	6.75	2.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1533	769.00	798.89	1567.89	1.02

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
Page 86 of 282

01 NORTH HARLEM AVENUE			Facility Id 7	003131	Number of Operating Ro	oms		4
Number of Recovery Stations Stage 1 5 Number of Recovery Stations Stage 2 8 8 Number of Recovery Stations Stage 2 8 Number of Required Stations Stage 2 8 Number of Required Stations Stage 2 8 Number of Recovery Stations Stage 2 8 Number of Required Stations Stage 2 8 Number of Recovery Stations Stage 2 8 Number of Required Stations Stage 2 8 Number of	Health Service A	Area 006	Planning Se	ervice Area 030	Procedure Rooms			0
Mumber of Recovery Stations Stage 2	ELMONT/HARL	LEM SURGE	RY CENTER, LLC		Exam Rooms			0
### Part	101 NORTH HA	RLEM AVEN	1UE		Number of Recovery Sta	tions Stage	1	5
Patith McHale	HICAGO, IL 60)634			Number of Recovery Sta	tions Stage	2	8
Path McHale	dministrator			•	Type of Ownership			
NAME	Faith McHale			2/27/2013	•••	y (RA requi	red)	
Presence Healthcare Services	-				HOSPITAL TR	RANSFER F	RELATIONSH	IIPS
Presence Healthcare Services					HOSPITAL NAME		NUMBE	R OF PATIEN
Again Owner(s) Again Straff Again Straff Again Straff Again Straff Administrator 1.00 Administrat					RESURRECTION MEDI	CAL CENT	ER	
Manus Kraff	Presence Hea	althcare Serv	ices		OUR LADY OF RESURE	RECTION N	MEDICAL CEN	NTER
Manus Kraff	(-)							
STAFFING PATTERNS								
PERSONNEL FULL-TIME EQUIVALENTS PERSONNEL FULL-TIME EQUIVALENTS Administrator 1.00 Physicians 0.00 Physicia		.			STAFFIN	NG PATTE	RNS	
Administrator 1,00	•				PERSONNEL	FULL	-TIME EQUI\	/ALENTS
Physicians					Administrator			1.00
Nurse Anesthetists 0.00		nr			Physicians			0.00
Director or Nurses 1.00	•				Nurse Anesthetists			0.00
Certified Aides 0.00		haah						
Other Health Profs. 3.50	0 ,	oacn			· · · · · · · · · · · · · · · · · · ·			
Other Non-Health Profs 12.50 12.								
Mark Buranosky TOTAL 12.50								
Michael Dehaan Michael Lipman Michael Lipman Michael Lipman Michael Lipman Michael Shapiro Monday 10 10 10 10 10 10 10 1	-							
Michele Lipman	•				TOTAL			12.50
Mishail Shapiro Monday 10 Tuesday 10 Wednesday 10 Thursday 10 Thursday 10 Thursday 10 Thursday 10 Saturday 0 Sunday 0 O Thursday 0 Thursday Thursday 0 Thursday Thu	vichael Dehaan							
And Others	•					OURS OF	OPERATION	
Number of Patients by Age Female Total	Mishail Shapiro				•			
Thursday 10 Friday 10 Saturday 0 Sunday 0 Sunday 0 Sunday 0 Sunday 0 Sunday 0 Sunday	and Others				-			
Friday 10 Saturday 0 0 Sunday 0 0								_
Saturday Sunday 0 Saturday Sunday 0 Sunday 0 MALE PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE AGE MALE FEMALE TOTAL PAYMENT SOURCE MALE FEMALE TOTAL 0-14 years 48 34 82 Medicaid 54 57 111 15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3					•			_
Sunday O NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE AGE MALE FEMALE TOTAL PAYMENT SOURCE MALE FEMALE TOTAL 0-14 years 48 34 82 Medicaid 54 57 111 15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3					•			_
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE AGE MALE FEMALE TOTAL PAYMENT SOURCE MALE FEMALE TOTAL 0-14 years 48 34 82 Medicaid 54 57 111 15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3					•			
0-14 years 48 34 82 Medicaid 54 57 111 15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3	NUMBER OF PATIENTS BY AGE GROUP			ROUP	•	S BY PRIM	IARY PAYME	NT SOURCE
15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3	AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
15-44 years 110 81 191 Medicare 270 444 714 45-64 years 261 225 486 Other Public 0 0 0 0 65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3	0-14 years	48	34	82	Medicaid	54	57	111
65-74 years 210 275 485 Insurance 375 287 662 75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3	•				Medicare	270	444	714
75+ years 225 380 605 Private Pay 153 206 359 TOTAL 854 995 1,849 Charity Care 2 1 3	45-64 years	261	225	486	Other Public	0	0	0
TOTAL 854 995 1,849 Charity Care 2 1 3	•							
		225	380		,			
TOTAL 854 995 1,849	TOTAL	854	995	1,849				
					TOTAL	854	995	1,849
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR					AD COURSE FOR THE SAME WEST			
							Charity	Charity Car

34.8%

847,871

100.0%

2,439,383

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 87 of 282

31.1%

758,073

2.0%

47,678

32.2%

785,761

0.0%

0

Total Net Revenue

0%

Expense

7,578

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	96	34.50	26.00	60.50	0.63
General Surgery	13	4.00	6.50	10.50	0.81
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1158	426.75	332.25	759.00	0.66
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	302	236.00	227.25	463.25	1.53
Otolaryngology	91	30.25	30.75	61.00	0.67
Pain Management	48	7.75	7.75	15.50	0.32
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	124	106.75	61.50	168.25	1.36
Thoracic	0	0.00	0.00	0.00	0.00
Urology	17	11.75	7.75	19.50	1.15
TOTAL	1849	857.75	699.75	1557.50	0.84

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 88 of 282

Reference Numb	ers Fa	cility Id 700172	20		Number of Opera	ting Rooms	3		2
Health Service Ar		Planning Service			Procedure Room	-	,		0
		& SURGICAL CE			Exam Rooms				2
412 W. FULLER					Number of Recov	erv Station	s Stage	e 1	6
CHICAGO, IL 606					Number of Recov	-	_		0
Administrator		Da	te Complete	•		-	J		
Renlin Xia		Da	2/19/2013		Type of Owners Corporation (RA	-			
Registered Agent	i				HOSPITAL TRANSFER RELATIONSHIPS				
RENLIN XIA					HOSPITAL NAM	E		NUMBI	ER OF PATIENTS
Property Owner					ILLINOIS MASO NORWEGIAN AI				0 GO 1
.egal Owner(s)									0
RENLIN XIA					\$	STAFFING	PATTE	RNS	
					PERSONNEL		FULI	TIME EQU	IVALENTS
					Administrator				1.00
					Physicians				1.00
					Nurse Anesthetis				0.00
					Director of Nurse				1.00
					Registered Nurse Certified Aides	es			0.00 1.00
					Other Health Pro	ıfe			2.00
					Other Non-Health				10.00
					TOTAL				16.00
					DAYS	S AND HOU	JRS OF	OPERATIO	N
					Monday				9
					Tuesday				9
					Wednesday				9
					Thursday				9
					Friday				9
					Saturday Sunday				5 0
NUMBE	R OF PATIENTS	S BY AGE GROUI	P		NUMBER OF P	ATIENTS E	BY PRI	MARY PAYN	ENT SOURCE
AGE	MALE F	FEMALE TO	OTAL		PAYMENT SOL	JRCE N	/ALE	FEMALE	TOTAL
0-14 years	3	2	5		Medicaid		2	14	16
15-44 years	221	152	373		Medicare		166	193	359
45-64 years	293	375	668		Other Public		0 476	0 434	0
65-74 years	128	84	212		Insurance Private Pay		476 34	434	910 50
75+ years	36	48	84		Charity Care		34	16 4	50 7
TOTAL	681	661	1,342		TOTAL		681	661	1,342
		NET RE	VENUE BY	PAYOR SOU	RCE FOR FISCAL	YEAR		Charity	Charity Care
Medicare	Medicaio	d Other Publ	ic Private	Insurance	Private Pay	TOTALS		Charty	Expense as % of
= 00 0	0.09)%	38.5%	61.5%		6	Expense	Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 89 of 282

809,073

1,289,848

0

0

0

2,098,921

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	2.00	1.00	3.00	3.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	65	52.00	16.75	68.75	1.06
General Surgery	47	60.00	20.25	80.25	1.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	4.00	2.50	6.50	2.17
OB/Gynecology	6	8.25	3.25	11.50	1.92
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	95	104.25	83.50	187.75	1.98
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1051	480.25	182.25	662.50	0.63
Plastic	20	20.75	8.50	29.25	1.46
Podiatry	51	71.75	22.50	94.25	1.85
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	3.25	2.50	5.75	1.92
TOTAL	1342	806.50	343.00	1149.50	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
Page 90 of 282

IBULATORY SU	JRGICAL TF	REATMENT CEI	NTER PROFILI	E-2012 FULLI	ERTON SURGERY C	ENTER	C	HICAGO
eference Numbe	ers	Facility Id	7002827		Number of Operation	ng Rooms		3
Health Service Ar	rea 006	Planning S	Service Area	030	Procedure Rooms			0
ULLERTON SUF	RGERY CEN	ITER			Exam Rooms			1
849 WEST FULL	ERTON				Number of Recove	ry Stations Stage	· 1	6
HICAGO, IL 606	639				Number of Recove	-		3
•			5.4.0			,		-
dministrator			Date Comp		Type of Ownershi	р		
Salam Okasha	l		2/27/2	2013	Sole Proprietorship			
agistared Agent								
egistered Agent						AL TRANSFER I		
roperty Owner					HOSPITAL NAME	IOODITAL OLIV		R OF PATIENTS
NASER RUST	OM MD				ST. ELIZABETH F	IOSPITAL, CHI	CAGO IL	0
NASER ROST	OIVI, IVI.D.							0
								0
egal Owner(s)								0
NASER RUSTON	Л, M.D.				ęт	AFFING PATTE	2NS	
					PERSONNEL	_	TIME EQUI	VALENTS
					Administrator			1.00
					Physicians			1.00
					Nurse Anesthetists	:		0.00
					Director of Nurses			1.00
					Registered Nurses			5.00
					Certified Aides			0.00
					Other Health Profs			2.00
					Other Non-Health			5.00
					TOTAL	1010		15.00
					TOTAL			13.00
					DAYS A	AND HOURS OF	OPERATIO	N
					Monday			13
					Tuesday			13
					Wednesday			13
					Thursday			13
					Friday			13
					Saturday			13
					Sunday			13
NUMBE	R OF PATIE	ENTS BY AGE (GROUP		NUMBER OF PA	FIENTS BY PRIM	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOUR		FEMALE	TOTAL
0-14 years	0	0	0		Medicaid	0	0	0
15-44 years	441	346	787		Medicare	99	128	227
45-64 years	571	540	1,111		Other Public	0	0	0
65-74 years	86	106	192		Insurance	997	868	1,865
75+ years	42	47	89		Private Pay	33	40	73
TOTAL	1,140	1,039	2,179		Charity Care	11	3	14
					TOTAL	1,140	1,039	2,179
		N	IET REVENUE	BY PAYOR SOU	RCE FOR FISCAL Y	EAR		
							Charity	Charity Care
Medicare	Me	dicaid Othe	er Public Pri	vate Insurance	Private Pay	TOTALS	Care	Expense as % of
		0.007				400.00/	Expense	Total Net Revenue
1.5%		0.0%	0.0%	85.7%	12.8%	100.0%	Lybense	Total Net Nevertue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 91 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.75	2.00	3.75	3.75
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	881	440.50	293.70	734.20	0.83
General Surgery	80	80.00	40.00	120.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	23	6.45	7.70	14.15	0.62
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	92	92.00	46.00	138.00	1.50
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1025	512.50	341.70	854.20	0.83
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	54	40.50	14.00	54.50	1.01
Thoracic	0	0.00	0.00	0.00	0.00
Urology	23	17.25	11.50	28.75	1.25
TOTAL	2179	1,190.95	756.60	1947.55	0.89

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Numbers Facility	/ ld 70	03150	Number of Operating Ro	ooms		3	
lealth Service Area 006 Pla	nning Se	vice Area 030	Procedure Rooms			1	
OLD COAST SURGICENTER, LLC			Exam Rooms			4	
5 N. MICHIGAN AVE., #985W			Number of Recovery Sta	Number of Recovery Stations Stage 1 5			
HICAGO, IL 60611-2201			Number of Recovery Sta	ations Stage	2	8	
dministrator		Date Complete	Turns of Our analysis				
Edward Ortiz		3/1/2013	Type of Ownership Limited Liability Compar	Limited Liability Company (RA required)			
egistered Agent			HOSPITAL T	RANSFER I	RELATIONS	HIPS	
HAROLD ROSEN			HOSPITAL NAME		NUMBE	R OF PATIEN	ITS
operty Owner			NORTHWESTERN ME	MORIAL HO	SPITAL		0
WATER TOWER, LLC							0
							0
egal Owner(s)							0
MITHFIELD MEDICAL DEVELOPME	ENIT						0
MITHFIELD MEDICAL DEVELOPME OBERTO DIAZ MD	_IN I		STAFFI	NG PATTE	RNS		
EURO ONE, LLC			PERSONNEL	FULL	TIME EQUI	VALENTS	
REG HORNER MD			Administrator			1.00	
NEO HORIVER MD			Physicians			0.00	
			Nurse Anesthetists			0.00	
	Director of Nurses			1.00			
			Registered Nurses 5.0				
			Certified Aides			0.00	
			Other Health Profs.			4.00	
			Other Non-Health Profs 5.00				
			TOTAL			16.00	
			DAYS AND	HOURS OF	OPERATION		
			Monday			11	
			Tuesday			11	
			Wednesday			11	
			Thursday Friday			11 11	
			Saturday			10	
			Sunday			0	
NUMBER OF PATIENTS BY	AGE GF	ROUP	NUMBER OF PATIEN	TS BY PRIM	MARY PAYMI		
AGE MALE FEM.	ALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years 0	0	0	Medicaid	0	0	0	
•	391	554	Medicare	0	0	0	
15-64 years 90	130	220	Other Public	0	0	0	
65-74 years 4	10	14	Insurance	180	190	370	
'5+ years 3	0	3	Private Pay	80	341	421	
TOTAL 260	531	791	Charity Care	0	0	0	
			TOTAL	260	531	791	

21.2%

683,711

100.0%

3,227,364

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 93 of 282

78.8%

2,543,653

0.0%

0

0.0%

0

0.0%

0

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	2	0.75	1.00	1.75	0.88
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	25	35.00	11.75	46.75	1.87
OB/Gynecology	5	4.00	2.50	6.50	1.30
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	104	120.50	52.00	172.50	1.66
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	464	904.25	231.75	1136.00	2.45
Podiatry	6	3.50	3.00	6.50	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	606	1,068.00	302.00	1370.00	2.26

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza		0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	185	36.25	80	116.25	0.63
TOTALS	1	185	36.25	80	116.25	0.63

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

DOLATORT 30	GIOAL IN		TER PROFILE-2012	GRAND AVENUE SURGICAL CEI			HICAGO	
eference Numbe	ers	Facility Id 7	003133	Number of Operating Room	ms		3	
Health Service Ar		Planning Se	ervice Area 030	Procedure Rooms			0	
RAND AVENUE	SURGICAL	CENTER		Exam Rooms			1	
7 WEST GRAND	AVENUE			Number of Recovery Station	ons Stage	1	5	
CHICAGO, IL 606	654			Number of Recovery Station	ons Stage	2	4	
Administrator			Date Complete	Type of Ownership				
Joe Jafari			2/27/2013	Type of Ownership Corporation (RA required)				
legistered Agent	ŧ			HOSPITAL TRA	ANSFER I	RELATIONS	HIPS	
Sarah Jafari				HOSPITAL NAME		NUMBE	R OF PATIENT	
Property Owner				Norwegian American Hosp	oital. Chic	ago		
Parliament Ent	erprises			. to mogram monoun mosq	J. 1.0	ago		
.egal Owner(s)								
Sarah Jafari				STAFFIN	2 PATTEI	RNS		
Nercy Jafari				STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS				
Javad Jafari				Administrator	. 021		2.00	
				Physicians			1.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses			4.00	
				Certified Aides			0.00	
				Other Health Profs.			2.00	
				Other Non-Health Profs			6.00	
				TOTAL			16.00	
				DAYS AND HO	OURS OF	OPERATION	N	
				Monday			10	
				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday			10	
				Saturday			8	
				Sunday			0	
		ENTS BY AGE G		NUMBER OF PATIENTS				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	2	1	3	Medicaid	0	0	0	
15-44 years	171	243	414	Medicare	1	2	3	
45-64 years	152	267	419	Other Public Insurance	0 311	0 488	0 799	
65-74 years	10 1	15 0	25 1	Private Pay	22	488 32	799 54	
75+ years				Charity Care	22	32 4	54 6	
TOTAL	336	526	862	TOTAL	336	526	862	
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR				
						Charity	Charity Car	
Medicare	Med	dicaid Othe	r Public Private Ins	urance Private Pay TOTAL	_S	Care	Expense as %	
0.0%		0.00/	0.0%	03.1% 6.0% 100.0			Total Net Reve	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 95 of 282

93.1%

2,773,324

0.0%

0

0.0%

689

0.0%

0

Total Net Revenue

1%

Expense

17,700

100.0%

2,979,140

6.9%

205,127

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	96	34.50	49.00	83.50	0.87
General Surgery	58	30.00	39.00	69.00	1.19
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	124	154.50	124.00	278.50	2.25
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	19	42.75	38.00	80.75	4.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	414	217.25	116.00	333.25	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	142	261.00	116.00	377.00	2.65
Thoracic	0	0.00	0.00	0.00	0.00
Urology	9	5.25	5.00	10.25	1.14
TOTAL	862	745.25	487.00	1232.25	1.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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		TMENT CENTER PRO	71122-2012 111017	NIC AMERICAN EN			HICAGO
Reference Numbe	ers Fa	acility Id 7003126		Number of Opera	ting Rooms		0
Health Service Ar	rea 006	Planning Service Are	a 030	Procedure Rooms			1
IISPANIC AMERI	ICAN ENDOSCO	OPY CENTER		Exam Rooms			0
536 WEST FULL	ERTON AVENU	JE		Number of Recov	ery Stations Stage	e 1	2
CHICAGO, IL 606				Number of Recov			2
Administrator		Date (Complete				
Ramon A Garc	sia M.D.		/28/2013	Type of Ownersh	nip		
Ramon A Gard	ia M.D.	2	/20/2013	Limited Liability C	ompany (RA requ	ired)	
Registered Agent	t			HUSDI	TAL TRANSFER	DEI ATIONS	LIDE
Kara Friedman	1			HOSPITAL NAME			ER OF PATIENTS
Property Owner						NOMBE	
Garcia Properti	ies			Norwegian Ameri	can Hospitai		1
Carola i roperti	100						0
							0
.egal Owner(s)							0
Ramon A. Garcia				s	TAFFING PATTE	RNS	
				PERSONNEL		L-TIME EQUI	IVALENTS
				Administrator			1.00
				Physicians			3.00
				Nurse Anesthetis	ts		0.00
				Director of Nurse	S		1.00
				Registered Nurse	·s		6.00
				Certified Aides			3.00
				Other Health Prof	s.		0.00
				Other Non-Health	Profs		1.00
				TOTAL			15.00
					AND HOURS OF	OPERATIO	<u>7</u>
				Monday			7
				Tuesday			7
				Wednesday			7
				Thursday			0
				Friday Saturday			7
				Sunday			, 5
NUMBE	R OF PATIENT	S BY AGE GROUP			ATIENTS BY PRII	MARY PAYM	
AGE		FEMALE TOTA	AL.	PAYMENT SOU		FEMALE	TOTAL
0-14 years	0	0	0	Medicaid	6	11	17
15-44 years	123		03	Medicare	151	131	282
45-64 years	187		29	Other Public	0	0	0
65-74 years	106		73	Insurance	208	145	353
75+ years	35		72	Private Pay	84	39	123
TOTAL	451		77	Charity Care	2	0	2
				TOTAL	451	326	777
		NET REVE	NUE BY PAYOR SOU	RCE FOR FISCAL	YEAR		
		7421 KEVE			,	Charity	Charity Care
Medicare	Medica	id Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
0.0%	6.5		90.9%	2.6%	100.0%	Expense	Total Net Revenue
0	92,78	33 0	1,306,797	37,564	1,437,144	2,70	00 0%

FACILITY NOTES

12-068 10/30/2012

Received permit to add Pain Management specialty to a limited-specialty ASTC, resulting in a multi-specialty ASTC with Pain Management, Gastroenterology and Urology specialties.

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro	1	663	185	134	319	0.48
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
Urology		114	15	22	37	0.32
TOTALS	1	777	200	156	356	0.46

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 98 of 282 1/7/2014

eference Numb		,	2884		Number of Opera	_	i		1
Health Service A		Planning Serv	ice Area 030		Procedure Room	IS			0
YDE PARK SU		ER, LLC			Exam Rooms 0				
644 E. 53RD ST	REET				Number of Recovery Stations Stage 1 2				2
HICAGO, IL 60	615				Number of Recov	very Station:	s Stage	2	1
dministrator			Date Complete		Type of Owners	hin			
Fortunee Mas	suda		2/18/2013		Limited Liability (-	A requi	red)	
								,	
egistered Agen					HOSP	ITAL TRAN	SFER I	RELATIONS	HIPS
David B. Sosir	n				HOSPITAL NAM	IE		NUMBE	R OF PATIENTS
roperty Owner					Mercy Hospital &	k Medical Ce	enter, C	hicago, IL	0 0 0
egal Owner(s)									0
Fortunee Massu	da					STAFFING I	ΔTTF	2NS	U
					PERSONNEL	51741 HVO 1		TIME EQUI	VALENTS
					Administrator				0.00
					Physicians				0.00
					Nurse Anesthetis	sts			0.00
					Director of Nurse	es			0.40
					Registered Nurs	es			1.60
					Certified Aides				0.00
					Other Health Pro	ofs.			2.00
					Other Non-Healt	h Profs			1.50
					TOTAL				5.50
					DAYS	S AND HOU	RS OF	OPERATIO	N
					Monday				8
					Tuesday				0
					Wednesday				8
					Thursday				0
					Friday				8
					Saturday				0
					Sunday				0
NUMBI	ER OF PATIE	NTS BY AGE GRO	DUP		NUMBER OF P	PATIENTS B	Y PRI	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE M	1ALE	FEMALE	TOTAL
0-14 years	1_	0	1		Medicaid		13	26	39
15-44 years	7	40	47		Medicare		113	290	403
45-64 years	56	111	167		Other Public		0	0	0
65-74 years	48	119	167		Insurance		51	115	166
75+ years	68	162	230		Private Pay		1	0	1
TOTAL	180	432	612		Charity Care TOTAL		180	432	3 612
					TOTAL		100	402	012
		NET	REVENUE BY P	AYOR SOU	RCE FOR FISCAL	YEAR			
								Charity	Charity Care
Medicare	Medi	caid Other P	ublic Private In	nsurance	Private Pay	TOTALS		Care	Expense as % of
Modioaro						100.0%		Expense	Total Net Revenue

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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584,437

1,800

913,567

6,400

0

296,481

30,849

1%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	489	244.50	242.87	487.37	1.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	42	31.50	20.86	52.36	1.25
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	81	121.50	40.23	161.73	2.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	612	397.50	303.96	701.46	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 100 of 282

		REATMENT CEI							
Reference Numbe	ers	Facility Id	7002975		Number of Opera	ting Rooms		2	
Health Service Ar	rea 006	Planning S	Service Area	030	Procedure Rooms	3		0	
AKESHORE SUF	RGERY CEN	NTER			Exam Rooms			1	
200 N. WESTER	N AVENUE				Number of Recov	ery Stations Stage	e 1	6	
CHICAGO, IL 606	645-1812				Number of Recov	ery Stations Stage	e 2	0	
Administrator			Data Can	mploto		,			
Yvette Barnaba			Date Con	/2013	Type of Ownersh	ip			
T VEILE DAITIADA	a 5		2/21	72013	Limited Liability C	ompany (RA requ	ired)		
Registered Agent	t				HOODI	TAL TRANSFER	DEL ATIONO	LUDO	
THOMAS CON						TAL TRANSFER			-1.1
Property Owner					HOSPITAL NAME	:	NUMBI	ER OF PATIE	
RAGHU NAYA	K				ST FRANCIS				2
RAGIIU NATA	arx.								0
									0 0
.egal Owner(s)									0
RAGHU NAYAK							D.1.0		Ü
					PERSONNEL	TAFFING PATTE	KNS L-TIME EQU	IVAI ENTS	
						FUL	L I IIVIL LQU		
					Administrator			1.00	
					Physicians Nurse Anesthetis	to.		0.00 0.00	
					Director of Nurse			1.00	
					Registered Nurse			2.00	
					Certified Aides			0.00	
					Other Health Prof	's.		3.00	
					Other Non-Health			3.00	
					TOTAL			10.00	
						AND HOURS OF	OPERATIO		=.
					Monday			9	
					Tuesday			9	
					Wednesday			9	
					Thursday			9	
					Friday Saturday			9	
					Sunday			0	
AUJBADE	D OF DATE	THE BY AGE	anoun.		•	ATIENTS BY PRI	MADY DAYM		`E
		ENTS BY AGE			PAYMENT SOU		FEMALE	TOTAL	
AGE 0-14 years	MALE 0	FEMALE 0	TOTAL 0	_	Medicaid	RCE MALE 0	PEIVIALE 0	0	_
15-44 years	475	204	679		Medicare	0	0	0	
45-64 years	317	204	559		Other Public	0	0	0	
65-74 years	22	23	45		Insurance	643	347	990	
75+ years	2	0	2		Private Pay	173	122	295	
TOTAL	816	469	1,285		Charity Care	0	0	0	
	0.0	.00	.,_55		TOTAL	816	469	1,285	=
		N	IET REVENU	E BY PAYOR SOU	RCE FOR FISCAL	YEAR			
							Charity	Charity (Care
Medicare	Med	dicaid Oth	er Public P	rivate Insurance	Private Pay	TOTALS	Care	Expense as	
0.0%	IVIC	0.0%	0.0%	91.9%	8.1%	100.0%	Expense	Total Net R	
		0.070	0.070	31.370	0.170	100.070	•		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	153	76.50	45.50	122.00	0.80
General Surgery	25	12.50	7.50	20.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	25	25.00	15.00	40.00	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	425	637.50	170.00	807.50	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	637	318.50	191.00	509.50	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	5	5.00	1.50	6.50	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	15	15.00	4.50	19.50	1.30
TOTAL	1285	1,090.00	435.00	1525.00	1.19

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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Reference Numbers Facilit	y ld 7002678	Number of Operating Ro	oms 1	
Health Service Area 006 Pla	anning Service Area 030	Procedure Rooms	C)
NOVAMED SURGERY CENTER OF (CHICAGO NORTHSHORE	Exam Rooms	1	
3034 WEST PETERSON AVE.		Number of Recovery Sta	tions Stage 1 1	
CHICAGO, IL 60659-3729		Number of Recovery Sta	tions Stage 2)
Administrator	Date Complete	Type of Ownership		
Mary Pedersen	2/27/2013	Limited Liability Compan	v (RA required)	
		Elimica Elability Compan	y (to trequiled)	
Registered Agent		HOSPITAL TR	RANSFER RELATIONSHIPS	
John W. Lawrence		HOSPITAL NAME	NUMBER OF PAT	ENTS
Property Owner		Swedish Covenant Hosp	ital, Chicago, Illinois	0
Melvyn Gerstein, MD				0
				0
Legal Owner(s)				0
NovaMed Management Services, LLC	`			0
Lawrence D. Wolin, MD	,	STAFFIN	NG PATTERNS	
Kathleen M. Scarpulla, MD		PERSONNEL	FULL-TIME EQUIVALENTS	
Grace S.K. Bai		Administrator	1.00	_
GersteinASC Interests, LLC		Physicians	0.00	
		Nurse Anesthetists	0.00	
Dimitri G. Perros, MD		Director of Nurses	0.00	
David M. Greenberg, MD		Registered Nurses	2.00	
		Certified Aides	0.00	
		Other Health Profs. Other Non-Health Profs	6.00 0.00	
		TOTAL	9.00	=
		TOTAL	9.00	
		DAYS AND H	OURS OF OPERATION	
		Monday	10	_
		Tuesday	10	
		Wednesday	10	
		Thursday Friday	10	
		⊢ria3\/	ĥ	

NUMBER	OE DATIE	VQ PTINE	ACE.	CDUID
INDINIDEL	OF FAIL	- 14 1 3 5 1	MUL	GROUE

AGE	MALE	FEMALE	TOTAL
0-14 years	0	1	1
15-44 years	33	40	73
45-64 years	314	367	681
65-74 years	461	604	1,065
75+ years	426	629	1,055
TOTAL	1,234	1,641	2,875

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

0

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	151	201	352
Medicare	711	1,063	1,774
Other Public	0	0	0
Insurance	329	327	656
Private Pay	43	50	93
Charity Care	0	0	0
TOTAL	1,234	1,641	2,875

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Saturday

Sunday

Medicare Medicaid Other Public Private Insurance Private Pay	TOTALS	Care	Expense	as % of
64.3% 11.9% 0.0% 20.7% 3.0%	100.0%	Expense	Total Net	Revenue
2,314,422 428,393 0 746,378 108,782	3,597,975		0	0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	118	20.00	20.00	40.00	0.34
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2741	914.00	637.50	1551.50	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	16	5.50	4.50	10.00	0.63
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2875	939.50	662.00	1601.50	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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MBULATORY S	SURGICAL TR	EATMENT CENT	ER PROFILE-2012	PETERSON MEDICAL SURGI-CEN	TER	C	HICAGO
Reference Num	bers	Facility Id 70	02918	Number of Operating Rooms	S		2
Health Service	Area 006	Planning Ser	vice Area 030	Procedure Rooms			2
ETERSON ME	DICAL SURGI	I-CENTER		Exam Rooms			0
300 WEST PET	TERSON AVE	NUE		Number of Recovery Station	s Stage	1	6
CHICAGO, IL 60	0659			Number of Recovery Station	s Stage	2	0
Administrator			Date Complete				
Tess Sagaido	oro		2/26/2013	Type of Ownership			
				Sole Proprietorship			
Registered Age	nt			HOSPITAL TRAN	ISFER R	ELATIONS	HIPS
				HOSPITAL NAME		NUMBI	ER OF PATIENTS
Property Owner	•			Swedish Covenant Hospital,	Chicago	o, IL	0
Aref Senno .egal Owner(s)							0 0 0
							0
Aref Senno				STAFFING	PATTER	NS	
				PERSONNEL	FULL	TIME EQU	IVALENTS
				Administrator			1.00
				Physicians			0.00
				Nurse Anesthetists			0.00
				Director of Nurses			1.00
				Registered Nurses			1.00
				Certified Aides			1.00
				Other Health Profs.			1.00
				Other Non-Health Profs			1.00
				TOTAL			6.00
				DAYS AND HOL	JRS OF	OPERATIO	N
				Monday			12
				Tuesday			12
				Wednesday			12
				Thursday			12
				Friday			12
				Saturday			12
				Sunday			0
		NTS BY AGE GR		NUMBER OF PATIENTS E			
AGE 0.14 years	MALE	FEMALE	TOTAL	PAYMENT SOURCE Medicaid	MALE 0	FEMALE 0	TOTAL 0
0-14 years	0 78	0 43	0 121	Medicard Medicare	0	0	0
15-44 years 45-64 years	78 73	43 79	152	Other Public	0	0	0
65-74 years	10	1	11	Insurance	149	121	270
75+ years	0	0	0	Private Pay	12	2	14
TOTAL	161	123	284	Charity Care	0	0	0
		120	201	TOTAL	161	123	284
		NF.	FREVENUE BY PA	YOR SOURCE FOR FISCAL YEAR			
		.,_				Charity	Charity Care
Medicare	Med	dicaid Other	Public Private In	surance Private Pay TOTALS		Care	Expense as % of
						Expense	Total Net Revenu
0.0%		0.0%	0.0%	98.6% 1.4% 100.0%	6		•

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 105 of 282

2,071,658

0

30,200

2,101,858

0

0

0

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	26	85.50	13.00	98.50	3.79
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	5	4.75	5.00	9.75	1.95
OB/Gynecology	3	1.00	1.00	2.00	0.67
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	146	82.75	109.50	192.25	1.32
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	11	7.50	5.50	13.00	1.18
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	191	181.50	134.00	315.50	1.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	2	1.25	1.5	2.75	1.38
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	91	14.25	45.5	59.75	0.66
TOTALS	2	93	15.5	47	62.5	0.67

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 106 of 282

eference Numb	oers	Facility Id 7	002090	Number of Operating Roo	oms		4	
Health Service A	rea 006	Planning Se	ervice Area 030	Procedure Rooms			0	
RIVER NORTH S	SAME DAY S	URGERY CENTE	₽	Exam Rooms			0	
ONE E. ERIE ST	., #300			Number of Recovery Star	tions Stage	: 1	12	
CHICAGO, IL 60				Number of Recovery Stations Stage 2 0				
Administrator			Date Complete	Turns of Our analysis				
Nancy Franke)		2/26/2013	Type of Ownership Limited Liability Company	/ (RA requi	ired)		
Registered Ager				HOSPITAL TR	ANSFER F	RELATIONSHI	PS	
CT Corporation	n System			HOSPITAL NAME		NUMBER	OF PATIENTS	
Property Owner				Illinois Masonic			0	
Ontario Prope	erty						0	
							0	
_egal Owner(s)							0	
Mark Bowen				OT A FEW	IC DATTE	DNC	O	
Amit Mehta				PERSONNEL	IG PATTE	K NS TIME EQUIV/	AI ENTS	
Armen Kelikian					FULL	I IIVIE EQUIV		
Arpan Patel				Administrator			1.00 0.00	
Charlie Carroll				Physicians Nurse Anesthetists			0.00	
Dan Nagle				Director of Nurses			2.00	
David Kalainov				Registered Nurses		4.00		
Gordon Nuber				Certified Aides		1.00		
Gordon Siegel				Other Health Profs. 4.00			4.00	
Alex Vargas				Other Non-Health Profs 5.00				
John Stogin				TOTAL			17.00	
USPI Internation	al							
Michael Byun				DAYS AND H	IOURS OF	OPERATION		
North Shore Uni	versity			Monday			8	
And Others				Tuesday			8	
				Wednesday			8	
				Thursday			8	
				Friday			8	
				Saturday			0	
NUMB		ENTS BY AGE O	DOLLD	Sunday NUMBER OF PATIENT	e DV DDIA	AADV DAVMEI	0 NT SOURCE	
AGE	MALE	ENTS BY AGE G FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	12	11	23	Medicaid	7	5	12	
15-44 years	578	886	1,464	Medicare	91	149	240	
45-64 years	523	500	1,023	Other Public	2	1	3	
65-74 years	102	146	248	Insurance	1,143	1,284	2,427	
75+ years	38	45	83	Private Pay	10	149	159	
TOTAL	1,253	1,588	2,841	Charity Care	0	0	0	
				TOTAL	1,253	1,588	2,841	

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Expens	rity Care se as % of
3.4%	0.1%	0.0%	93.7%	2.7%	100.0%	Expense	Total No	et Revenu
274,182	9,641	0	7,480,800	219,489	7,984,112		0	0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 107 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	543	239.50	271.50	511.00	0.94
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	6	15.60	3.00	18.60	3.10
Orthopedic	1886	2,112.70	1,886.00	3998.70	2.12
Otolaryngology	57	40.70	28.50	69.20	1.21
Pain Management	230	70.60	38.40	109.00	0.47
Plastic	113	284.90	113.00	397.90	3.52
Podiatry	1	1.30	0.50	1.80	1.80
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	3.10	2.50	5.60	1.12
TOTAL	2841	2,768.40	2,343.40	5111.80	1.80

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	JRGICAL TREA	TMENT CENTER	PROFILE-2012	2 ROGE	RS PARK ONE DA	Y SURGERY CEI	NTER C	HICAGO	
eference Numb	ers Fa	acility Id 700228	30		Number of Operat	ing Rooms		2	
Health Service A		Planning Service	Area 030		Procedure Rooms			0	
OGERS PARK O		-	704		Exam Rooms			1	
616 NORTH PAU		DEINT CENTER				am, Ctationa Ctag	- 1	9	
					Number of Recove				
HICAGO, IL 606	526				Number of Recove	ery Stations Stage	e 2	0	
dministrator		Da	te Complete		Type of Ownersh	in			
Philippe Espino	osa		2/20/2013		Limited Liability Pa	-	quired)		
egistered Agent					HOSPI	TAL TRANSFER	RELATIONS	HIPS	
THOMAS CON	ILEY				HOSPITAL NAME		NUMBE	ER OF PATIENT	s
roperty Owner					ST.FRANCIS HO	SPITAI			4
RAGHU NAYA	K				01.110.110.1010	31 117KE			0
									0
egal Owner(s)									0
RAGHU NAYAK					S	TAFFING PATTE	RNS	,	O
					PERSONNEL		L-TIME EQU	IVALENTS	
					Administrator			1.00	
					Physicians			0.00	
					Nurse Anesthetis	ts		0.00	
					Director of Nurses	3		1.00	
					Registered Nurse	S		2.00	
					Certified Aides			0.00	
					Other Health Prof	S.		3.00	
					Other Non-Health	Profs		3.00	
					TOTAL			10.00	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday			9	
					Tuesday			9	
					Wednesday			9	
					Thursday			9	
					Friday			9	
					Saturday			9	
					Sunday			0	
		S BY AGE GROUI			PAYMENT SOU	ATIENTS BY PRI I RCE MALE	MARY PAYM FEMALE	TOTAL	
AGE 0-14 years	MALE 0	FEMALE TO	OTAL 0		Medicaid	RCE MALE 0	FEMALE 0	0	
15-44 years	242	99	341		Medicare	0	0	0	
45-64 years	296	138	434		Other Public	0	0	0	
65-74 years	25 25	9	34		Insurance	460	187	647	
75+ years	0	0	0		Private Pay	103	59	162	
TOTAL	563	246	809		Charity Care	0	0	0	
TOTAL	303	240	009		TOTAL	563	246	809	
		NET RE	VENUE BY PA	AYOR SOU	RCE FOR FISCAL Y	/EAR		<u> </u>	_
		_					Charity	Charity Care	
Medicare	Medica			surance	Private Pay	TOTALS	Care	Expense as %	of
0.0%	0.0	0.0	1%	92.0%	8.0% 278,239	100.0%	Expense	Total Net Rever	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 109 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	128	64.00	38.50	102.50	0.80
General Surgery	15	7.50	4.50	12.00	0.80
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	25	25.00	7.50	32.50	1.30
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	129	193.50	51.50	245.00	1.90
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	205	102.50	61.50	164.00	0.80
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	9	9.00	2.50	11.50	1.28
Thoracic	0	0.00	0.00	0.00	0.00
Urology	298	298.00	89.50	387.50	1.30
TOTAL	809	699.50	255.50	955.00	1.18

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 110 of 282 1/7/2014

ference Numbers Facility Id 7001753	Number of Operating Ro	oms		4	
ealth Service Area 006 Planning Service Area 030	Procedure Rooms			0	
JSH SURGICENTER - PROFESSIONAL BUILDING	Exam Rooms			0	
25 W. HARRISON, SUITE 556	Number of Recovery Sta	itions Stage			
IICAGO, IL 60612	Number of Recovery Sta	_			
ministrator Date Complete	ŕ	· ·			
	Type of Ownership				
Barbara L Ramsey 3/26/2013	Limited Partnership (RA	required)			
gistered Agent	HOSPITAL TE	RANSFER F	RELATIONSHI	PS	
Max D Brown JD	HOSPITAL NAME	.,		R OF PATIENTS	
operty Owner	RUMC, Chicago		NONDE	11	
RUMC	Nowe, Chicago			0	
				0	
gal Owner(s)				0	
gal Owner(s)				0	
niversity Anesthesia Pain	QT A E E II	NG DATTE	2NS		
ush University Medical Center	STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS			ΔΙ ΕΝΤΟ	
idwest Orthopedics		FOLL	-TIIVIL LQUIV		
	Administrator			1.00	
	Physicians			0.00	
	Nurse Anesthetists			0.00	
	Director of Nurses			0.00	
	Registered Nurses Certified Aides			21.00	
	Other Health Profs.			0.00	
	Other Non-Health Profs			12.00 14.00	
	TOTAL			48.00	
	DAYS AND I	HOURS OF	OPERATION		
	Monday			11	
	Tuesday			11	
	Wednesday			11	
	Thursday			11	
	Friday			11	
	Saturday Sunday			0 0	
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENT	TS BY PRIM	IARY PAYME		
GE MALE FEMALE TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years 32 27 59	Medicaid	0	0	0	
5-44 years 1,033 1,096 2,129	Medicare	532	893	1,425	
5-64 years 1,399 1,060 2,459	Other Public	0	0	0	
5-74 years 490 267 757	Insurance	2,696	1,646	4,342	
5+ years 277 139 416	Private Pay	3	50	53	
OTAL 3,231 2,589 5,820	Charity Care	0	0	0	
	TOTAL	3,231	2,589	5,820	

Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care		ity Care e as % of
0.0%	0.0%	92.4%	1.0%	100.0%	Expense	Total Ne	t Revenue
0	0	15,293,698	172,839	16,549,241		0	0%
			0.0% 0.0% 92.4%	0.0% 0.0% 92.4% 1.0%	0.0% 0.0% 92.4% 1.0% 100.0%	MedicaidOther PublicPrivate InsurancePrivate PayTOTALSCare0.0%0.0%92.4%1.0%100.0%Expense	MedicaidOther PublicPrivate InsurancePrivate PayTOTALSCareExpense0.0%0.0%92.4%1.0%100.0%ExpenseTotal Ne

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	20	29.00	0.75	29.75	1.49
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	107	82.00	0.75	82.75	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	92	45.00	0.75	45.75	0.50
Ophthalmology	69	14.00	0.75	14.75	0.21
Oral/Maxillofacial	1	4.00	0.50	4.50	4.50
Orthopedic	2921	2,663.00	0.75	2663.75	0.91
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2370	316.00	0.50	316.50	0.13
Plastic	127	141.00	0.75	141.75	1.12
Podiatry	45	36.00	0.75	36.75	0.82
Thoracic	0	0.00	0.00	0.00	0.00
Urology	68	81.00	0.75	81.75	1.20
TOTAL	5820	3,411.00	7.00	3418.00	0.59

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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		ATMENT CENTER PR					
Reference Numb	ers F	Facility Id 7002645		Number of Opera	ting Rooms		4
Health Service Ar	rea 006	Planning Service A	rea 030	Procedure Rooms	S		1
SIX CORNERS SA	AME DAY SUR	GERY, LLC		Exam Rooms			3
211 N CICERO A	AVE STE 400			Number of Recov	ery Stations Stage	e 1	6
CHICAGO, IL 606	641				ery Stations Stage		6
Administrator		Date	Complete				
	a MD	Date	2/28/2013	Type of Ownersh	hip		
S. George Elia	IS, IVID		2/20/2013	Limited Liability C	company (RA requ	ired)	
Registered Agent	t			ноері	TAL TRANSFER	PEI ATIONS	HIDS
S. George Elia	s MD			HOSPITAL NAMI			ER OF PATIENTS
Property Owner				Swedish Covena		NOND	0
4211 N Cicero	LLC			Our Lady of the F			0
				Our Lady of the f	Councolon		0
.egal Owner(s)							0
egai Owner(s)							0
S. George Elias N	MD			S	TAFFING PATTE	RNS	
				PERSONNEL	FULI	L-TIME EQU	IVALENTS
				Administrator			1.00
				Physicians			1.00
				Nurse Anesthetis	sts		0.00
				Director of Nurse	s		1.00
				Registered Nurse	es		1.00
				Certified Aides			0.00
				Other Health Pro			4.00
				Other Non-Health	n Profs		4.00
				TOTAL			12.00
				DAYS	S AND HOURS OF	OPERATIO	N
				Monday			8
				Tuesday			0
				Wednesday			8
				Thursday			0
				Friday			8
				Saturday			0
				Sunday			0
NUMBE	R OF PATIENT	TS BY AGE GROUP			ATIENTS BY PRII		
AGE	MALE	FEMALE TO		PAYMENT SOU		FEMALE	TOTAL
0-14 years	0	0	0	Medicaid	0	0	0
15-44 years	73		138	Medicare	0	0	0
45-64 years	37		111	Other Public	0	0	0 261
65-74 years	11	6 0	17 0	Insurance Private Pay	117 4	144 1	261 5
75+ years	0	-		Charity Care	0	0	0
TOTAL	121	145	266	TOTAL	121	145	266
				TOTAL	121	143	200
		NET REV	ENUE BY PAYOR SO	URCE FOR FISCAL	YEAR		
						Charity	Charity Care
Medicare	Medica	aid Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
0.0%	0.	0% 0.0%	99.3%	0.7%	100.0%	Expense	Total Net Revenue
0		0 0	13,187,421	97,322	13,284,743		0 0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	0.70	1.10	1.80	1.80
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	89	136.20	77.50	213.70	2.40
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	176	68.40	45.70	114.10	0.65
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	266	205.30	124.30	329.60	1.24

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2012 SOUTH LOOP ENDOSCOPY & WELLNESS CENTE CHICAGO Number of Operating Rooms 0 Facility Id 7003171 Reference Numbers Health Service Area 006 Planning Service Area 030 Procedure Rooms 1 SOUTH LOOP ENDOSCOPY & WELLNESS CENTER LLC Exam Rooms 0 2334-40 South Wabash Number of Recovery Stations Stage 1 1 CHICAGO, IL 60616 Number of Recovery Stations Stage 2 2 Administrator **Date Complete** Type of Ownership 2/27/2013 Karen Kump Limited Liability Company (RA required) **Registered Agent HOSPITAL TRANSFER RELATIONSHIPS Business Filings Incorporated** NUMBER OF PATIENTS HOSPITAL NAME **Property Owner** 0 Summit Real Estate 0 0 0 Legal Owner(s) 0 David Chua STAFFING PATTERNS **PERSONNEL FULL-TIME EQUIVALENTS** Administrator 0.00 Physicians 0.00 Nurse Anesthetists 0.00 **Director of Nurses** 0.00 Registered Nurses 0.00 Certified Aides 0.00 Other Health Profs. 0.30 Other Non-Health Profs 0.00 **TOTAL** 0.30 DAYS AND HOURS OF OPERATION Monday 0 Tuesday 0 Wednesday 6 Thursday 0 Friday 0 Saturday 0 Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE AGE MALE **FEMALE** TOTAL PAYMENT SOURCE MALE **FEMALE TOTAL** Medicaid 0 0 0 0-14 years 0 0 0 0 Medicare 0 0 15-44 years 3 2 5 Other Public 0 0 0 45-64 years 3 6 9 6 7 Insurance 13 65-74 years 3 1 4 Private Pay 3 2 0 0 0 5 75+ years **Charity Care** 0 0 0 TOTAL 9 9 18 TOTAL 9 9 18

_											
	NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR										
	Medicare 0.0%	Medicaid 0.0%	Other Public 0.0%	Private Insurance 0.0%	Private Pay 100.0%	TOTALS 100.0%	Charity Care Expense	Expen	arity Care nse as % of let Revenue		
	0	0	0	0	2,100	2,100		0	0%		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 115 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	18	4	9.16	13.16	0.73
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	18	4	9.16	13.16	0.73

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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IBULATORY SI	URGICAL T	REATMENT CEN	TER PROFILE-20	12 SURGICORE		C	CHICAGO
eference Numb	ers	Facility Id 7	003072	Number of Ope	erating Rooms		1
lealth Service A	rea 006	Planning Se	ervice Area 030	Procedure Roo	oms		0
JRGICORE		-		Exam Rooms			0
547 S. EWING	AVENUE			Number of Rec	covery Stations Stage	e 1	1
HICAGO, IL 60					covery Stations Stage		0
	011				overy classone clags	0 2	v
dministrator			Date Complete		rship		
Michael A Wo	od, D.P.M.		2/22/2013	Corporation (R	-		
egistered Agen	ıt			HOS	SPITAL TRANSFER	RELATIONS	HIPS
John Roberts				HOSPITAL NA	ME	NUMBI	ER OF PATIENTS
roperty Owner				St. Margaret M	lercy Hospital Hamm	ond, Indiana	0
Michael A. Wo	ood						0 0 0 0
Michael A. Wood	d				STAFFING PATTE	RNS	
				PERSONNEL	FUL	L-TIME EQU	IVALENTS
				Administrator			1.00
				Physicians			0.00
				Nurse Anesthe	etists		0.00
				Director of Nur	rses		1.00
				Registered Nu	rses		1.00
				Certified Aides	3		0.00
				Other Health F	Profs.		1.00
				Other Non-Hea	alth Profs		0.00
				TOTAL			4.00
				DA	YS AND HOURS OF	OPERATIO	N
				Monday			8
				Tuesday			8
				Wednesday	1		8
				Thursday			8
				Friday			8
				Saturday			0
				Sunday			0
NUMBE	ER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF	PATIENTS BY PRI	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SO		FEMALE	TOTAL
0-14 years	13	1	14	Medicaid	0	0	0
15-44 years	27	61	88	Medicare	20	54	74
45-64 years	33	75	108	Other Public	0	0	0
65-74 years	13	31	44	Insurance	75	133	208
75+ years	11	22	33	Private Pay	0	3	3
TOTAL	97	190	287	Charity Care TOTAL	95	0 190	0 285
				TOTAL	93	190	203
		NE	T REVENUE BY	PAYOR SOURCE FOR FISCA	AL YEAR		
						Charity	Charity Care
Medicare	Me	edicaid Othe	Public Private	Insurance Private Pay	TOTALS	Care	Expense as % of
19.0%		0.0%	0.0%	80.5% 0.5%	100.0%	Expense	Total Net Revenue
157 125		0	^	665 544 4 500	927 170		0 00/

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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665,544

0

157,135

0

4,500

827,179

0%

0

1/7/2014

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	287	230.50	72.00	302.50	1.05
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	287	230.50	72.00	302.50	1.05

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 118 of 282

Reference Numb	ers	Facility Id 700	03169	Number of Operating Ro	ooms		3	
Health Service A	rea 006	Planning Ser	vice Area 030	Procedure Rooms			0	
SWEDISH COVE	NANT SUR	GERY CENTER, LI	_C	Exam Rooms			0	
5215 N. California	a Ave., Suite	F800		Number of Recovery Sta	ations Stage	: 1	12	
CHICAGO, IL 60	625			Number of Recovery Sta	ations Stage	2	12	
Administrator			Date Complete	Type of Ownership				
Vivek Taparia			2/12/2013	Limited Liability Compar	ny (RA requi	red)		
Registered Agen	nt			HOSPITAL T	RANSFER F	RELATIONSHI	PS	
Mark Newton				HOSPITAL NAME		NUMBER	OF PATIENTS	
Property Owner				Swedish Covenant Hos	oital		0	
							0	
							0	
egal Owner(s)							0	
							0	
Peter Chioros				STAFFI	NG PATTER	RNS		
Cycelia Mizera	~			PERSONNEL	FULL	-TIME EQUIV	ALENTS	
Daniel Greenber	g			Administrator			1.00	
David Nissan				Physicians			0.00	
Edward Forman				Nurse Anesthetists		0.00		
Gregory Amaran	tos			Director of Nurses			1.00	
Han Lim				Registered Nurses			5.00	
Jaroslaw Dzwinyk				Certified Aides			1.00	
Joseph D'Silva				Other Health Profs. 3.00				
Balakrishna Sun	dar						4.00	
Megan Leahy				TOTAL			15.00	
Xiaoyuan Xie								
Regent Surgical	Health			DAYS AND	HOURS OF	OPERATION		
Roberto Levi				Monday			10	
And Others				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday Saturday			10 0	
				Sunday			0	
NUMBI	ER OF PATII	ENTS BY AGE GR	OUP	NUMBER OF PATIEN	TS BY PRIN	IARY PAYMEI	NT SOURCE	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	2	0	2	Medicaid	0	0	0	
15-44 years	35	22	57	Medicare	33	58	91	
45-64 years	32	52	84	Other Public	0	0	0	
65-74 years	16 12	23	39	Insurance Private Pay	61	59	120	
75+ years	12	23	35	Private Pay Charity Care	1 2	3 0	4 2	
TOTAL	97	120	217	TOTAL	97	120	217	
				IOIAL	91	120	211	

Charity **Charity Care** Expense as % of Care Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Total Net Revenue Expense 29.5% 0.0% 0.0% 68.2% 2.3% 100.0% 317,518 10,676 465,349 463 0% 137,155 0 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 119 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	11	9.00	7.00	16.00	1.45
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	30	13.00	10.00	23.00	0.77
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	65	45.50	35.50	81.00	1.25
Otolaryngology	7	3.00	2.00	5.00	0.71
Pain Management	77	26.50	11.00	37.50	0.49
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	25	18.50	12.00	30.50	1.22
Thoracic	0	0.00	0.00	0.00	0.00
Urology	2	1.75	1.00	2.75	1.38
TOTAL	217	117.25	78.50	195.75	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

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Reference Num	nbers	Facility Id 7	002272	Number of Operating Roo	oms		5
Health Service		Planning Se		Procedure Rooms			2
		_	N AVENUE, LLC	Exam Rooms			0
0 E. DELAWAI			,	Number of Recovery Star	tions Stage	· 1	19
CHICAGO, IL 6	•	200		Number of Recovery Star	_		0
•			Data Camplata				_
Administrator	_		Date Complete 2/28/2013	Type of Ownership			
Guita Griffith	IS		2/20/2013	Limited Liability Company	/ (RA requi	ired)	
Registered Age	ant .						
_	Soldstein; Horv	hoov		HOSPITAL TR	ANSFER I		
Property Owne	-	,,		HOSPITAL NAME NUMBER OF PATIE			
JMB Urban F				Northwestern Memorial F	Hospital		
J 0104111	,						
.egal Owner(s))						
	,						
Steven Stryker,				QT A E E IA	IG PATTEI	PNS	
Ronald Michae				PERSONNEL		TIME EQUIV	ΔI ENTS
Peter Geldner,				Administrator	FULL	- I IIVIL EQUIV	
Neeraj Jain, MI				Physicians			1.00 0.00
Nanette Rumse	-			Nurse Anesthetists 0.00			
John McMahan	i, MD			Director of Nurses			1.00
900 Equity Hold	dings			Registered Nurses			15.00
				Certified Aides			1.00
				Other Health Profs.			7.00
				Other Non-Health Profs			12.00
				TOTAL			37.00
				DAYS AND H	IOURS OF	OPERATION	
				Monday			11
				Tuesday			11
				Wednesday			11
				Thursday			11
				Friday			11
				Saturday			5 0
				Sunday			
		ENTS BY AGE G		NUMBER OF PATIENT			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	8	8	16	Medicaid	0	1	1
15-44 years	566	3,289	3,855	Medicare	167	247	414
45-64 years	461 445	1,199	1,660	Other Public Insurance	0 826	0 2,559	2 295
65-74 years 75+ years	115 85	252 108	367 193	Private Pay	626 242	2,559 2,049	3,385 2,291
TOTAL	1,235	4,856	6,091	Charity Care	0	2,049	2,291
IOIAL	1,233	4,000	0,091	TOTAL	1,235	4,856	6,091

	NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR								
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care		rity Care se as % of	
3.4%	0.0%	0.0%	71.0%	25.6%	100.0%	Expense	Total N	et Revenue	
393,356	0	0	8,235,204	2,969,021	11,597,581		0	0%	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	415	253.00	172.75	425.75	1.03
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	411	150.75	171.25	322.00	0.78
Ophthalmology	361	292.25	120.50	412.75	1.14
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2	1.25	0.50	1.75	0.88
Otolaryngology	478	849.50	199.25	1048.75	2.19
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1253	2,184.00	626.50	2810.50	2.24
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	76	131.50	31.75	163.25	2.15
TOTAL	2996	3,862.25	1,322.50	5184.75	1.73

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	616	219.25	205.5	424.75	0.69
IVF Proced	1	902	186	225.5	411.5	0.46
Laser Eye	0	0	0	0	0	0.00
LB Adjust		1368	341.75	228	569.75	0.42
Pain		209	30	35	65	0.31
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3095	777	694	1471	0.48

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 122 of 282

		ATMENT CENTER PR	COFILE-2012 ADV	ANTAGE HEALTH CA	•	V	VOOD DALE
Reference Numbe	ers F	acility Id 7002140		Number of Operation	ng Rooms		2
Health Service Ar	ea 007	Planning Service A	rea 043	Procedure Rooms			0
ADVANTAGE HEA	ALTH CARE, L	TD.		Exam Rooms			1
03 E. IRVING PA	RK ROAD			Number of Recove	ry Stations Stage	e 1	8
VOOD DALE, IL	60191			Number of Recove			0
Administrator		Doto	Complete		,		
		Date	Complete 2/26/2013	Type of Ownershi	р		
Aimee Dillard			2/20/2013	Corporation (RA re	quired)		
Registered Agent	t			HOSDIT	AL TRANSFER	DEL ATIONS	шпе
Joseph Horowi					AL TRANSFER		
Property Owner	_			HOSPITAL NAME			ER OF PATIENTS
Arizona-Illinois	LD			Northwest Commu			0
Anzona-Illinois	, LP			Lutheran General I	Hospital, Park Ri	dge II	0
							0
.egal Owner(s)							0
Advantage Health	Care. Ltd			ST	AFFING PATTE	RNS	
				PERSONNEL	FUL	L-TIME EQU	IVALENTS
				Administrator			1.00
				Physicians			1.00
				Nurse Anesthetists	3		0.00
				Director of Nurses			1.00
				Registered Nurses	;		1.00
				Certified Aides			0.00
				Other Health Profs	S.		5.00
				Other Non-Health	Profs		3.00
				TOTAL			12.00
				DAYS	AND HOURS OF	OPERATIO	N
				Monday			0
				Tuesday			8
				Wednesday			9
				Thursday			0
				Friday			10
				Saturday			0
				Sunday			0
NUMBE	R OF PATIEN	TS BY AGE GROUP		NUMBER OF PA	TIENTS BY PRII	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE TO		PAYMENT SOUR		FEMALE	TOTAL
0-14 years	0	1	1	Medicaid	0	0	0
15-44 years	0	391	391	Medicare	0	0	0
45-64 years	0	6	6	Other Public	0	0	0
65-74 years	0	0	0	Insurance	0	139	139
75+ years	0	0	0	Private Pay	0	258	258
TOTAL	0	398	398	Charity Care	0	1	1
				TOTAL	0	398	398
		NET REV	ENUE BY PAYOR SO	URCE FOR FISCAL Y	EAR		
						Charity	Charity Care
Medicare	Medica	aid Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
0.0%	0.	0% 0.0%	74.9%	25.1%	100.0%	Expense	Total Net Revenue
0.070							

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	398	299.00	398.00	697.00	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	398	299.00	398.00	697.00	1.75

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 124 of 282 1/7/2014

Reference Numb	bers	Facility Id 70	003140		Number of Opera	ating Rooms			4	
Health Service A	Area 007	Planning Se	rvice Area 043		Procedure Room	-			0	
IDEN CENTER	FOR DAY SU	IRGERY, LLC		1	Exam Rooms				0	
580 WEST LAK	E STREET			1	Number of Recovery Stations Stage 1 6					
ADDISON, IL 60	101			1	Number of Reco	very Stations S	Stage 2	!	5	
Administrator			Date Complete							
Ali Nili			2/22/2013		Type of Owners Limited Liability (-	require	ed)		
Registered Ager	nt				HOSP	ITAL TRANSF	ER RE	LATIONS	HIPS	
Paul A. Gilma	an				HOSPITAL NAM				ER OF PATIEN	NTS
Property Owner				-	Alexian Brothers	Medical Cente	er, Elk	Grove Villa	ige	0 0
.egal Owner(s)										0 0
Kianoosh Jafari,	M.D.				;	STAFFING PA	TTERN	NS		
				.=	PERSONNEL	!	FULL-1	TIME EQU	VALENTS	
					Administrator				1.00	
					Physicians				1.00	
					Nurse Anestheti				0.00	
					Director of Nurse Registered Nurs				0.33 4.00	
					Certified Aides	62			2.00	
					Other Health Pro	ofs.			1.00	
					Other Non-Healt				4.00	
				-	TOTAL				13.33	
					DAY	S AND HOURS	S OF O	PERATIO	N	
					Monday				11	
					Tuesday				11	
					Wednesday				11	
					Thursday				11	
					Friday Saturday				11 0	
					Sunday				0	
NUMB	ER OF PATIE	NTS BY AGE GF	ROUP		NUMBER OF P	ATIENTS BY	PRIMA	RY PAYM	ENT SOURCE	Ξ.
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE MAI	LE	FEMALE	TOTAL	
0-14 years	5	3	8		Medicaid		5	13	18	
15-44 years	65	163	228		Medicare		56	94	150	
45-64 years	131	275	406		Other Public		0	0	0	
65-74 years	26	73	99		Insurance		60	389	549	
75+ years	23	30	53		Private Pay Charity Care		29 0	48 0	77 0	
TOTAL	250	544	794		TOTAL	2	50	544	794	
		NF	T REVENUE BY PA	YOR SOUR	CE FOR FISCAL	YEAR				_
Medicare	Med		Public Private In		Private Pay	TOTALS		Charity Care	Charity Ca	
1.8%		0.1%	0.0%	87.4%	10.7%	100.0%	ı	Expense	Total Net Rev	
1.8%		U.1%		87.4%	10.7%	100.0%		- J50		∩0/

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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4,565,030

559,379

5,223,961

0

0

95,534

4,018

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	298	391.75	75.25	467.00	1.57
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	67	80.00	40.50	120.50	1.80
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	82	19.50	21.00	40.50	0.49
Plastic	46	80.50	23.00	103.50	2.25
Podiatry	301	355.50	88.00	443.50	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	794	927.25	247.75	1175.00	1.48

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 126 of 282 1/7/2014

Reference Numb	ers	Facility Id	7002082		Number of Operati	ng Rooms				3
Health Service A	rea 007	-	Service Area	043	Procedure Rooms	J				0
AMBULATORY S	URGICENTE	•			Exam Rooms					1
1333 MAIN STRE	ET				Number of Recove	ry Stations	Stage	1		6
DOWNERS GRO	VE, IL 60515	;			Number of Recove	-	_			4
Administrator			Date Co	mnlete						
Inga Ferdkoff				3/2013	Type of Ownershi Corporation (RA re					
Registered Agen					HOSPIT	AL TRANS	SFER F	RELATIONSI	HIPS	
AMOS E. MAD	DANES M.D.				HOSPITAL NAME			NUMBE	R OF PA	TIENTS
Property Owner CHESTNUT M	INGMT				GOOD SAMARITA	N HOSP,	DOW	NERS GRO	/E	0 0 0
₋egal Owner(s)										0
						AFFING P				•
					PERSONNEL		FULL	-TIME EQUI		
					Administrator				1.0	
					Physicians Nurse Anesthetists	2			0.0	
					Director of Nurses				0.0	
					Registered Nurses				5.0	
					Certified Aides	•			1.0	
					Other Health Profs	i.			4.0	
					Other Non-Health	Profs			6.0	
					TOTAL				17.0	0
					DAYS	AND HOU	RS OF	OPERATIO	N	
					Monday				1	10
					Tuesday					10
					Wednesday					10
					Thursday					10
					Friday Saturday					0
					Sunday					0
NUMBE	ER OF PATIE	NTS BY AGE	GROUP		NUMBER OF PA	TIENTS B	Y PRIM	IARY PAYM	ENT SOL	JRCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOUR	RCE M	ALE	FEMALE	TOT	AL
0-14 years	0	0	C	<u> </u>	Medicaid	-	0	0	·	0
15-44 years	5	1,167	1,172		Medicare		0	0		0
45-64 years	1	54	55		Other Public		0	0		0
65-74 years	0	1	1		Insurance		1	235		236
75+ years	0	0	4.000		Private Pay Charity Care		5 0	987 0	Ş	992 0
TOTAL	6	1,222	1,228	i	TOTAL		6	1,222	1,2	228
		N	IET REVENU	JE BY PAYOR SOU	RCE FOR FISCAL Y	EAR				
								Charity	Chari	ty Care
Medicare	Med	icaid Oth	er Public F	Private Insurance	Private Pay	TOTALS		Care		e as % of
0.0%		0.0%	0.0%	84.6%	15.4%	100.0%		Expense		t Revenu
0.070		0.070	3.070	04.070	508,282	. 00.070				

			SURGERY PREP	TOTAL	AVERAGE
	TOTAL	SURGERY	AND CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1222	1,527.50	427.70	1955.20	1.60
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	6	7.50	2.50	10.00	1.67
TOTAL	1228	1,535.00	430.20	1965.20	1.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 128 of 282

MBULATORY SU	JRGICAL TRE	EATMENT CENT	ER PROF	FILE-2012 ASHT	ON CENTER FOR	DAY SURGERY	-	OFFMAN ESTATES		
Reference Numbe	ers	Facility Id 70	03138		Number of Opera	iting Rooms		4		
Health Service Ar	ea 007	Planning Sei	vice Area	031	Procedure Room	-		0		
ASHTON CENTER	R FOR DAY S	_			Exam Rooms			0		
1800 MCDONOUC					Number of Recovery Stations Stage 1 4					
HOFFMAN ESTAT						ery Stations Stage		10		
TOFFINIAN ESTA	163, 16 0019	2			Number of Recov	rery Stations Stage	. 2	10		
Administrator			Date Co	mplete	Type of Owners	hin				
Ali Nili			2/2	2/2013		Company (RA requ	irod)			
					Limited Liability C	Joinpany (KA requ	iieu)			
Registered Agent	t				ноѕр	ITAL TRANSFER	REI ATIONS	HIPS		
Paul A. Gilman	1				HOSPITAL NAM					
Property Owner								ER OF PATIENTS		
					St. Alexius Medic	cal Center, Hoffma	n Estates	0 0 0		
egal Owner(s)								0		
Kianoosh Jafar, M	И.D.				\$	STAFFING PATTE	RNS			
					PERSONNEL	FULI	TIME EQU	IVALENTS		
					Administrator			1.00		
					Physicians			0.50		
					Nurse Anesthetis	sts		0.00		
					Director of Nurse	es		0.33		
					Registered Nurse	es		6.20		
					Certified Aides			0.50		
					Other Health Pro	fs.		0.40		
					Other Non-Healtl	h Profs		3.00		
					TOTAL			11.93		
					DAVS	S AND HOURS OF	OPERATIO	N		
					Monday	AND HOOKS OF	OI EKATIO	8		
					Tuesday			8		
					Wednesday			8		
					Thursday			8		
					Friday			8		
					Saturday			0		
					Sunday			0		
NUMBE	R OF PATIE	NTS BY AGE GR	OUP		NUMBER OF P	ATIENTS BY PRI	MARY PAYN	IENT SOURCE		
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE MALE	FEMALE	TOTAL		
0-14 years	1	0	•	1	Medicaid	0	0	0		
15-44 years	141	133	274	4	Medicare	125	206	331		
45-64 years	244	220	464	4	Other Public	0	0	0		
65-74 years	79	134	213		Insurance	339	306	645		
75+ years	37	70	107	7	Private Pay	38	45	83		
TOTAL	502	557	1,059	9	Charity Care	0	0	0		
					TOTAL	502	557	1,059		
		NE	T REVEN	JE BY PAYOR SOU	IRCE FOR FISCAL	YEAR				
							Charity	Charity Care		
Medicare	Medi	caid Other	Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of		
7.2%	(0.0%	0.0%	86.8%	5.9%	100.0%	Expense	Total Net Revenue		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	102	134.25	25.50	159.75	1.57
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	2	2.50	1.25	3.75	1.88
Ophthalmology	4	3.75	1.00	4.75	1.19
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	24	28.00	6.75	34.75	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	903	213.50	230.00	443.50	0.49
Plastic	6	10.50	3.00	13.50	2.25
Podiatry	18	21.25	5.25	26.50	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1059	413.75	272.75	686.50	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	JRGICAL TRI	EATMENT CEN	TER PRO	FILE-2012	CADE	NCE AMBULATOR	RY SURGERY CE	NTER V	VARRENVILLE		
Reference Numb	ers	Facility Id 7	003064			Number of Opera	ating Rooms		4		
Health Service A		Planning Se		a 043		Procedure Room	•		0		
CADENCE AMBU		_				Exam Rooms	-		0		
7650 FERRY RC							very Stations Sta	no 1	4		
		40					-				
VARRENVILLE, I	L 60555					Number of Reco	very Stations Sta	ge 2	4		
Administrator			Date C	Complete		Type of Owners	hin				
Robert Friedbe	erg		;	3/1/2013			-				
						Other Not For Pr	ont Ownership				
Registered Agen	stered Agent HOSPITAL TRA							RELATIONS	HIPS		
						HOSPITAL NAM	1E	NUMBI	ER OF PATIENTS		
Property Owner						Central DuPage	Hospital - Winfiel	d	3		
Cadence Healt	th								0		
									0		
.egal Owner(s)									0		
									0		
Cadence Health						;	STAFFING PATT	ERNS			
						PERSONNEL	FU	LL-TIME EQU	IVALENTS		
						Administrator			1.00		
						Physicians			0.00		
						Nurse Anestheti	sts		0.00		
						Director of Nurse	es		1.00		
						Registered Nurs	es		16.00		
						Certified Aides			0.00		
						Other Health Pro	ofs.		7.00		
						Other Non-Healt	th Profs		4.00		
						TOTAL			29.00		
						544					
						Monday	S AND HOURS C	F OPERATIO	12		
						Tuesday			12		
						Wednesday			12		
						Thursday			12		
						Friday			12		
						Saturday			0		
						Sunday			0		
NUMBE	R OF PATIE	NTS BY AGE G	ROUP			NUMBER OF F	ATIENTS BY PR	IMARY PAYN	IENT SOURCE		
AGE	MALE	FEMALE	TOTA	۸L		PAYMENT SO	URCE MALE	FEMALE	TOTAL		
0-14 years	30	45		75		Medicaid	21	17	38		
15-44 years	344	546		90		Medicare	541	302	843		
45-64 years	719	708	1,4			Other Public	0	1	1		
65-74 years	321	210	5	31		Insurance	1,127	1,307	2,434		
75+ years	284	133	4	17		Private Pay	6		16		
TOTAL	1,698	1,642	3,3	40		Charity Care	3	5	8		
						TOTAL	1,698	1,642	3,340		
		N	T REVE	NUE BY PAYO	R SOUI	RCE FOR FISCAL	YEAR				
								Charity	Charity Care		
Medicare	Medi	caid Othe	r Public	Private Insur	ance	Private Pay	TOTALS	Care	Expense as % of		
		0.2%	0.0%	q	1.4%	0.9%	100.0%	Expense	Total Net Revenue		
7.5%	,	J. <u>~</u> /U	0.070	J	1.70	0.570	100.070				

FACILITY NOTES

E-007-12 10/30/2012 Received permit for change of ownership.

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2053	2,771.50	855.25	3626.75	1.77
Otolaryngology	1287	218.75	150.25	369.00	0.29
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3340	2,990.25	1,005.50	3995.75	1.20

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 132 of 282 1/7/2014

eference Numl	pers	Facility Id 700	3098		Number of Opera	atina Rooms			2
Health Service A		Planning Ser			Procedure Room				0
		R SURGERY CI			Exam Rooms	-			0
15 PASQUEINE		it contoliti o				very Stations	Stage	1	3
VESTMONT, IL					, 3				6
	00000				ramber of recov	very etations	Olage	_	· ·
dministrator			Date Complete		Type of Owners	hip			
Jennifer Brou	cek		2/6/2013		Limited Liability (-	requi	red)	
egistered Age	nt				HOSP	ITAL TRANS	FFR F	RELATIONS	HIPS
Jennifer Brou	cek				HOSPITAL NAM				ER OF PATIENTS
roperty Owner					Adventist HInsda			INOINID	2
Quasar, LLC					Adventist i insue	iic i iospitai			0
egal Owner(s)									0
Brian J Moran, N	ИD				,	TAFFINO D			U
					PERSONNEL	STAFFING PA		RNS TIME EQU	IVALENTS
					Administrator				1.00
					Physicians				0.00
					Nurse Anesthetis	sts			0.00
					Director of Nurse				1.00
					Registered Nurs				3.00
					Certified Aides				0.00
					Other Health Pro	ofs.			1.00
					Other Non-Healt	h Profs			2.00
					TOTAL				8.00
					DAYS	S AND HOUR	S OF	OPERATIO	N
					Monday				10
					Tuesday				10
					Wednesday				10
					Thursday				10
					Friday				10
					Saturday				0
					Sunday				0
		NTS BY AGE GR			NUMBER OF P				
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE MA	LE	FEMALE	TOTAL
0-14 years	0	0	0		Medicaid		0	0	0
15-44 years	2	0	2		Medicare Other Public	•	423 3	0	423 3
45-64 years 65-74 years	404 412	0 0	404 412		Insurance		ა 504	0	5 504
o5-74 years 75+ years	124	0	412 124		Private Pay	;	12	0	12
TOTAL	942	0	942		Charity Care		0	0	0
TOTAL	942	Ü	942		TOTAL	!	942	0	942
		NF1	REVENUE BY PA	YOR SOU	RCE FOR FISCAL	YEAR			
				2.1.2.2.				Charity	Charity Care
Medicare	Medi	caid Other I	Public Private In	surance	Private Pay	TOTALS		Care	Expense as % of
					4.4%			Expense	Total Net Revenu

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 133 of 282

1,254,849

119,728

2,733,244

1,357,138

0

1,529

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	942	471.00	471.00	942.00	1.00
TOTAL	942	471.00	471.00	942.00	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 134 of 282

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				FILE-2012 CHILE	OREN'S OUTPATIE			
Reference Numbe	ers F	acility Id 70	01555		Number of Opera	ting Rooms		3
Health Service Ar	ea 007	Planning Se	rvice Are	a 031	Procedure Rooms	S		0
CHILDREN'S OU	TPATIENT SE	RVICES AT W	ESTCHE	STER	Exam Rooms			0
301 ENTERPRIS	SE DRIVE				Number of Recov	ery Stations Stage	e 1	4
VESTCHESTER,						ery Stations Stage		8
			D-1- 0			or, crameric craig		-
Administrator				omplete /28/2013	Type of Ownersl	nip		
Kristen Dicicco	1		21	28/2013	Other Not For Pro	ofit Ownership		
Registered Agent	ŧ				ноеп	TAL TRANSFER	DEI ATIONS	HIDS
					HOSPITAL NAMI			ER OF PATIENTS
Property Owner					LaGrange Memo			0
					· ·	·		0
								0
.egal Owner(s)								0
	Luwia Obilida at	Hoorital -CO	ioo					0
Ann & Robert H. I	Lurie Children's	nospital of Ch	ııca		S	TAFFING PATTE	RNS	
					PERSONNEL	FULI	L-TIME EQU	IVALENTS
					Administrator			0.00
					Physicians			0.00
					Nurse Anesthetis	its		0.00
					Director of Nurse	S		1.00
					Registered Nurse	es		13.80
					Certified Aides			0.00
					Other Health Pro	fs.		3.00
					Other Non-Health	n Profs		0.00
					TOTAL			17.80
					DAYS	S AND HOURS OF	OPERATIO	N
					Monday	7.1.12 1100110 01	0. 2.00	11
					Tuesday			11
					Wednesday			11
					Thursday			11
					Friday			11
					Saturday			0
					Sunday			0
	R OF PATIENT					ATIENTS BY PRII		
AGE	MALE	FEMALE	TOTA		PAYMENT SOU		FEMALE	TOTAL
0-14 years	1,066	735	1,8		Medicaid	209	121	330
15-44 years	67	46	1	13	Medicare Other Public	0	1	1
45-64 years	0	0		0	Insurance	3 910	3 643	6 1 553
65-74 years 75+ years	0 0	0 0		0	Private Pay	1	043	1,553 1
•			4.0		Charity Care	9	14	23
TOTAL	1,133	781	1,9	14	TOTAL	1,132	782	1,914
					TOTAL	1,132	702	1,914
		NE	T REVE	NUE BY PAYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity, Cana
							Chanty	Charity Care
Medicare	Medica	aid Other	Public	Private Insurance	Private Pay	TOTALS	Chanty	Expense as % of
Medicare 0.0%		aid Other 3%	Public 0.2%	Private Insurance 91.4%	Private Pay 0.1%	TOTALS 100.0%	•	•

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 135 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	527	208.88	219.55	428.43	0.81
Gastroenterology	130	38.51	54.16	92.67	0.71
General Surgery	53	15.61	22.05	37.66	0.71
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	10	5.60	4.16	9.76	0.98
Oral/Maxillofacial	20	23.41	8.33	31.74	1.59
Orthopedic	55	64.37	22.91	87.28	1.59
Otolaryngology	565	305.34	235.41	540.75	0.96
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	98	60.33	40.83	101.16	1.03
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	456	409.80	189.16	598.96	1.31
TOTAL	1914	1,131.85	796.56	1928.41	1.01

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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MBULATORY S	SURGICAL TR	REATMENT CEN	TER PROFILE-2012	DMG SURGICAL CENTER, LLC	;	L	OMBARD	
Reference Num	bers	Facility Id 7	003023	Number of Operating Ro	oms		5	
Health Service	Area 007	Planning Se	ervice Area 043	Procedure Rooms			3	
OMG SURGICA	L CENTER, LL	_C		Exam Rooms			0	
725 S. TECHN	OLOGY DRIV	E		Number of Recovery Sta	tions Stage	e 1	8	
OMBARD, IL 6	60148			Number of Recovery Sta	tions Stage	e 2	12	
Administrator			Date Complete					
Dennis Fine			2/28/2013	Type of Ownership				
				Limited Liability Compan	ıy (RA requ	ired)		
Registered Age	ent			HOSPITAL TE	RANSFER	RELATIONS	HIPS	
Elizabeth Mil	ler			HOSPITAL NAME			ER OF PATIENTS	
Property Owner	r			Edward Hospital			6	
DMG Reales	tate Holding			Central DuPage Hospita	I - Cadence	9	2	
				Good Samaritan Hospita	al		6	
egal Owner(s))						0	
							0	
Edward Hospita				STAFFII	NG PATTE	RNS		
DuPage Medica	ы Эгоир			PERSONNEL	FULI	L-TIME EQU	IVALENTS	
				Administrator			1.00	
				Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses				
				Certified Aides		4.00		
			Other Health Profs.		15.00 6.00			
			Other Non-Health Profs					
				TOTAL			60.00	
				DAYS AND I	HOURS OF	OPERATIO	N	
				Monday			12	
				Tuesday			12	
				Wednesday			12	
				Thursday			12	
				Friday			12	
				Saturday			6 0	
				Sunday			•	
NUME	BER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PATIENT				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	653	320	973	Medicaid	0	0	0	
15-44 years	1,319	1,412	2,731	Medicare Other Bublic	1,168	1,270	2,438	
45-64 years	3,598	3,640	7,238	Other Public	31 6.010	24 5.715	55 11 725	
65-74 years 75+ years	1,212 550	1,232 557	2,444 1,107	Insurance Private Pay	6,010 123	5,715 152	11,725 275	
TOTAL	7,332	7,161		Charity Care	0	0	0	
TOTAL	7,332	7,101	14,493	TOTAL	7,332	7,161	14,493	
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR				
						Charity	Charity Care	
Medicare	e Med	dicaid Othe	Public Private Ins	surance Private Pay TOT	ALS	Care	Expense as % o	
23.1%		0.0%	1.2%		0.0%	Expense	Total Net Reve	
E 400 607			90 490 17 4	00.726 204.027 22.3	000 000		0 00/	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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17,400,736

294,037

23,386,889

289,489

0

5,402,627

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1076	880.00	269.00	1149.00	1.07
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	108	78.75	27.00	105.75	0.98
Ophthalmology	1407	716.00	351.75	1067.75	0.76
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1032	936.75	258.00	1194.75	1.16
Otolaryngology	1444	1,340.50	361.00	1701.50	1.18
Pain Management	199	29.50	49.75	79.25	0.40
Plastic	538	557.75	134.50	692.25	1.29
Podiatry	492	820.75	123.00	943.75	1.92
Thoracic	0	0.00	0.00	0.00	0.00
Urology	980	949.50	245.00	1194.50	1.22
TOTAL	7276	6,309.50	1,819.00	8128.50	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	7217	2981	1104.25	4085.25	0.57
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	7217	2981	1104.25	4085.25	0.57

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 138 of 282 1/7/2014

eference Num	hore	Facility Id 7	003121		Number of Opera	ting Rooms		3	
Health Service		Planning S)43	Procedure Room	· ·		2	
UPAGE EYE S		J	ervice Area C	143	Exam Rooms	3		0	
015 NORTH M		INTER, LEO				on, Stations Sta	ngo 1	_	
/HEATON, IL(Number of Recovery Stations Stage 1 0 Number of Recovery Stations Stage 2 12				
•	00107				Number of Recov	ery Stations Sta	ige 2	12	
dministrator			Date Comp		Type of Owners	hip			
Charles S. Sa	andor, MD		2/26/20	013	Limited Liability C	-	quired)		
egistered Age	nt				HOSP	ITAL TRANSFE	R RELATIONS	HIPS	
Charles S. Sa	andor, MD				HOSPITAL NAM	E	NUMB	ER OF PATIENTS	
roperty Owner	r				Central DuPage	Hospital (Caden	ce). Winfield	1	
2015 Realty						()	,,	0	
								0	
egal Owner(s)								0	
Michael Kipp, M					9	STAFFING PAT	ΓERNS		
Byron R. Tabbu	•				PERSONNEL		JLL-TIME EQU	IVALENTS	
Charles S. San					Administrator		200	0.00	
Edward Sung, N	ИD				Physicians			1.00	
Janet Lee, MD					Nurse Anesthetis	sts		0.00	
Jeffrey R. Haag	, MD				Director of Nurse			1.00	
Anna Park, MD					Registered Nurse			11.00	
Mary Mehaffey, MD					Certified Aides			0.00	
Thomas S. Michelson, MD					Other Health Pro	fs.		5.00	
Michelle Andreoli, MD					Other Non-Health Profs 4.00				
Michelle G. Sim	ıs, MD				TOTAL			22.00	
Ruth Williams, I	MD								
Steven Lafayett	e, MD				DAYS	AND HOURS	OF OPERATIO	N	
Susan Anderso	n-Nelson, MD				Monday 10				
And Others	•				Tuesday			10	
					Wednesday			10	
					Thursday			10	
					Friday			10	
					Saturday			2	
					Sunday			0	
		ENTS BY AGE G			NUMBER OF P			TOTAL	
AGE 0-14 years	MALE 1	FEMALE 1	TOTAL 2		PAYMENT SOL Medicaid	JRCE MALE		66	
0-14 years 15-44 years	136	145	281		Medicare	1,539		4,038	
45-64 years	847	938	1,785		Other Public	•) 2,433	4	
65-74 years	919	1,331	2,250		Insurance	1,108		2,262	
75+ years	913	1,472	2,385		Private Pay	109		263	
TOTAL	2,816	3,887	6,703		Charity Care	34	4 36	70	
	, -	,	,		TOTAL	2,816	3,887	6,703	
		NII.	ET DEVENUE I	BY DAVOR SOL	RCE FOR FISCAL	VEAD			
		N	LINEVENUE	511 ATON 300	NOL I ON FISCAL	I EAIX	Charity	Charity Care	
Medicare	Med	dicaid Othe	r Public Priv	ate Insurance	Private Pay	TOTALS	Care	Expense as % of	

8,403,690

704,295

24,204,003

259,908

14,846,594

235,531

13,894

1%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	5302	1,467.75	529.54	1997.29	0.38
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	5302	1,467.75	529.54	1997.29	0.38

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	2	1401	70	140.76	210.76	0.15
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1401	70	140.76	210.76	0.15

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 140 of 282

eference Num	bers	Facility Id 70	03154		Number of Operat	ina Rooms		1
Health Service		Planning Se		13	Procedure Rooms	-		0
		GICAL CENTER		.0	Exam Rooms			1
40 WEST BUT					Number of Recovery Stations Stage 2 Number of Recovery Stations Stage 2			3
LMHURST, IL		, 00112 15						0
·	00120				Number of Nedove	ory Clations Clag	0 2	Ü
dministrator			Date Comple		Type of Ownersh	ip		
Esther H. Lyc	on		2/21/20	13	Sole Proprietorship	p		
egistered Age	nt				HOSPI	TAL TRANSFER	RELATIONS	HIPS
					HOSPITAL NAME		NUMBI	ER OF PATIENTS
roperty Owner	•				ELMHURST MEM	ORIAL HOSPITA		0
								0
								0
egal Owner(s)								0
Task as I								0
Esther Lyon					S ⁻	TAFFING PATTE	RNS	
					PERSONNEL	FUL	L-TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			0.00
					Nurse Anesthetist			0.00
					Director of Nurses			0.00
					Registered Nurses	S		0.00
					Certified Aides	_		0.00
					Other Health Profe Other Non-Health			0.00 0.00
						F1015		
					TOTAL			1.00
					DAYS	AND HOURS OF	OPERATIO	N
					Monday			8
					Tuesday			0
					Wednesday			0
					Thursday			0
					Friday			0
					Saturday Sunday			0 0
NUMB	FR OF PATIF	NTS BY AGE GI	ROUP		NUMBER OF PA	TIENTS BY PRI	MARY PAYN	•
AGE	MALE	FEMALE	TOTAL		PAYMENT SOUI		FEMALE	TOTAL
0-14 years	0	0	0		Medicaid	0	0	0
15-44 years	33	54	87		Medicare	0	7	7
45-64 years	46	88	134		Other Public	0	0	0
65-74 years	4	7	11		Insurance	83	142	225
75+ years	0	0	0		Private Pay	0	0	0
TOTAL	83	149	232		Charity Care	0	0	0
					TOTAL	83	149	232
		NE	T DEVENUE D	V DAVOD SOU	RCE FOR FISCAL Y	/EAD		
		INC	I ALVENUE D	T ATOK 300	NOL I ON FISCAL I	LAIN	Charity	Charity Care
							•	•
Medicare	Med	licaid Other	Public Priva	ite Insurance	Private Pay	TOTALS	Care	Expense as % of

898,872

0

898,872

0

0

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	232	232.00	117.00	349.00	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	232	232.00	117.00	349.00	1.50

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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lealth Service Area 007 Planning Service Area 043 LMHURST OUTPATIENT SURGERY CENTER, LLC 100 S. YORK ROAD, SUITE 1400 LMHURST, IL 60126-6533 Imministrator Date Complete Tina Mentz 2/21/2013	Procedure Rooms Exam Rooms Number of Recovery Stations St		4	
00 S. YORK ROAD, SUITE 1400 MHURST, IL 60126-6533 Iministrator Date Complete	Number of Recovery Stations Sta			
MHURST, IL 60126-6533 Iministrator Date Complete	-		0	
Iministrator Date Complete	Number of Recovery Stations St	-	18	
		age 2	0	
Tina Mentz 2/21/2013	Type of Ownership			
	Limited Liability Company (RA re	quired)		
egistered Agent	HOSPITAL TRANSFE	R RELATIONSH	IIPS	
Carol Hogan	HOSPITAL NAME	NUMBE	R OF PATIENTS	
operty Owner	Elmhurst Memorial Hospital		3	
Elmhurst Memorial Hospital	·		(
egal Owner(s)			(
ric Sloan MD	STAFFING PAT	TERNS	(
ohn Hamby MD		JLL-TIME EQUI\	/ALENTS	
ohn Giradot MD	Administrator	JLL THILL LOOK	1.00	
effrey Meisles MD	Physicians		0.00	
anet Kaczor MD	Nurse Anesthetists		0.00	
arry Siavelis MD	Director of Nurses			
ordon Kinzler MD	Registered Nurses			
eorge Stathopoulos MD	Certified Aides	2.10		
eorge Fikaris MD	Other Health Profs.			
ary Kronen MD	Other Non-Health Profs 17.55			
red Tiesenga MD	TOTAL		50.15	
ndrew Belavic MD				
ugene Bartucci MD	DAYS AND HOURS	OF OPERATION	<u>l</u>	
irk Papa MD nd Others	Monday		10	
IIU Otticis	Tuesday 10			
	Wednesday		10	
	Thursday Friday		10 10	
	Saturday		0	
	Sunday		0	
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENTS BY P	RIMARY PAYME	•	
AGE MALE FEMALE TOTAL	PAYMENT SOURCE MALE	FEMALE	TOTAL	
0-14 years 111 89 200	Medicaid	0 0	0	
5-44 years 814 812 1,626	Medicare 1,15	4 1,824	2,978	
5-64 years 1,319 1,620 2,939		3 2	5	
55-74 years 624 904 1,528	Insurance 2,22		4,643	
75+ years 598 983 1,581	Private Pay 8		244	
OTAL 3,466 4,408 7,874	- · · · / · · · ·	4 0	7.074	
	TOTAL 3,46	6 4,408	7,874	
	DR SOURCE FOR FISCAL YEAR			

63.2%

21,033,282

33.6%

11,197,212

0.0%

0

0.1%

22,263

Total Net Revenue

0%

Expense

6,168

100.0%

33,284,629

3.1%

1,031,871

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	735	515.75	183.75	699.50	0.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	42	14.75	10.50	25.25	0.60
Ophthalmology	294	217.50	73.50	291.00	0.99
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	647	468.75	161.75	630.50	0.97
Otolaryngology	580	243.50	145.00	388.50	0.67
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	233	279.25	58.25	337.50	1.45
Podiatry	498	317.25	124.50	441.75	0.89
Thoracic	0	0.00	0.00	0.00	0.00
Urology	201	70.25	50.25	120.50	0.60
TOTAL	3230	2,127.00	807.50	2934.50	0.91

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	805	284	201.25	485.25	0.60
Laser Eye	0	0	0	0	0	0.00
Multi OPHT	2	1547	585	386.75	971.75	0.63
Pain Management	1	2292	315.5	573	888.5	0.39
TOTALS	4	4644	1184.5	1161	2345.5	0.51

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 144 of 282

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eference Numbe	re	Facility Id 70	002397		Number of Opera	tina Rooms		3
Health Service Ar		Planning Se		031	Procedure Room	-		0
LMWOOD PARK		•			Exam Rooms			0
614 N. HARLEM		00.102.11, 221				ery Stations Stage	e 1	6
LMWOOD PARK		1302				ery Stations Stage		0
dministrator			Date Com	nlete				
Kim Zidonis			2/26/2		Type of Owners Limited Liability C	h ip Company (RA requ	iired)	
egistered Agent					HOSP	TAL TRANSFER	RELATIONS	HIPS
CT CORPORA	TION				HOSPITAL NAM			ER OF PATIENTS
roperty Owner					GOTLEIB			0
HUGAR BUILD	ING PARTN	ERSHIP			00.12.0			0
								0
egal Owner(s)								0
	VD DDM							0
RONALD W HUGAR, DPM NORTHSHORE/ USP					S	TAFFING PATTE	RNS	
MICHAEL HENNE					PERSONNEL FULL-TIME EQUIVALENTS			
MANUAL SANTIA	-				Administrator			1.00
DONALD W HUG					Physicians			0.00
JONALD W HUG	AK, DEW				Nurse Anesthetis	sts		0.00
					Director of Nurse	s		1.00
					Registered Nurse	es		1.00
					Certified Aides			0.00
					Other Health Pro			0.00
					Other Non-Healtl	n Profs		1.00
					TOTAL			4.00
					DAYS	S AND HOURS OF	OPERATIO	N
					Monday			8
					Tuesday			8
					Wednesday			8
					Thursday			8
					Friday			8
					Saturday			0
					Sunday			0
	_	NTS BY AGE G			PAYMENT SOL	ATIENTS BY PRI I JRCE MALE	MARY PAYN FEMALE	TOTAL
AGE 0.14 years	MALE	FEMALE	TOTAL	-	Medicaid	10	PEIVIALE 25	35
0-14 years	7	5 56	12 65		Medicare	107	25 185	35 292
15-44 years 45-64 years	9 61	56 101	65 162		Other Public	0	0	0
45-64 years 65-74 years	54	83	137		Insurance	67	124	191
75+ years	62	114	176		Private Pay	9	25	34
TOTAL	193	359	552	-	Charity Care	0	0	0
TOTAL	100	000	002		TOTAL	193	359	552
		NE	T REVENUE	BY PAYOR SOU	RCE FOR FISCAL	YEAR	Charity	Charity Care
Medicare	Mad	icaid Other	r Public Pri	vate Insurance	Private Pay	TOTALS	Care	Expense as % of

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 145 of 282

437,235

53,726

778,921

0

14,853

273,107

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	19	9.50	9.50	19.00	1.00
Ophthalmology	367	139.25	183.50	322.75	0.88
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	15	20.00	7.50	27.50	1.83
Podiatry	143	124.00	71.50	195.50	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	8	2.50	2.00	4.50	0.56
TOTAL	552	295.25	274.00	569.25	1.03

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

Reference Number	rs	Facility Id 70	002942		Number of Opera	ating Room	S		2	
Health Service Are	a 007	Planning Se	rvice Area 043		Procedure Room	ıs			1	
YE SURGERY CE	NTER OF I	HINSDALE, LLC			Exam Rooms				0	
50 NORTH YORK	ROAD, STI	E 203			Number of Reco	-	_		0	
IINSDALE, IL 605	21				Number of Reco	very Station	ns Stage	2	4	
Administrator			Date Complete		Type of Owners	hin				
Brian D. Smith M	Л.D.		2/25/2013		Limited Liability (-	RA requi	ired)		
Registered Agent					HOSP	ITAL TRAN	ISFER I	RELATIONS	HIPS	
Brian D Smith					HOSPITAL NAM	ΙE		NUMBE	R OF PATIE	NTS
roperty Owner					Hinsdale Hospita	al, Hinsdale	IL			0
North York Road	LLC									0
egal Owner(s)										0 0 0
Mark Benjamin Brian D Smith					STAFFING PATTERNS					
טוווווו ט אוווווו					PERSONNEL FULL-TIME EQUIVALENTS				VALENTS	
					Administrator				0.00	
					Physicians				0.00	
					Nurse Anesthetis	sts			0.20	
					Director of Nurse				1.00	
					Registered Nurs	es			1.40	
					Certified Aides				0.00	
					Other Health Pro				0.50	
					Other Non-Healt	n Prois			1.50	
					TOTAL				4.60	
						S AND HOU	JRS OF	OPERATIO		
					Monday				8	
					Tuesday				4	
					Wednesday				10	
					Thursday Friday				0 5	
					Saturday				0	
					Sunday				0	
NUMBER	OF PATIE	NTS BY AGE G	ROUP		NUMBER OF P	ATIENTS I	3Y PRIN	MARY PAYM	ENT SOURC	E
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE I	MALE	FEMALE	TOTAL	
0-14 years	0	0	0		Medicaid	-	0	4	4	
15-44 years	17	26	43		Medicare		463	809	1,272	
45-64 years	187	219	406		Other Public		13	13	26	
65-74 years	210	399	609		Insurance		250	301	551	
75+ years	344	544	888		Private Pay		30	59	89	
TOTAL	758	1,188	1,946		Charity Care TOTAL		758	1,188	1,946	
					TOTAL		730	1,100	1,540	
		NE	T REVENUE BY P	AYOR SOU	RCE FOR FISCAL	YEAR				_
Medicare	Med	icaid Other	· Public Private I	nsurance	Private Pay	TOTALS	3	Charity Care	Charity Career C	
32.8%		0.0%	0.1%	51.9%	15.2%	100.0%		Expense	Total Net Re	
040 640			2.000 1		, .	/	-			00/

394,024

2,587,657

1,342,886

2,099

0

848,648

0%

12,000

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1332	445.00	449.50	894.50	0.67
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1332	445.00	449.50	894.50	0.67

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	614	154.3	105	259.3	0.42
Pain Management	0	0	0	0	0	0.00
TOTALS	1	614	154.3	105	259.3	0.42

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ations Stago ations Stago r Profit FRANSFER Health-Chica lospital-Chic	RELATIONS NUMBI ago Heights cago	ER OF PATIENTS 7 1 0 0 0
Exam Rooms Number of Recovery St Number of Recovery St Type of Ownership Church Related Not Fo HOSPITAL 1 HOSPITAL NAME Franciscan St. James H University of Chicago H STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ations Stage r Profit RANSFER Health-Chica lospital-Chic	RELATIONS NUMBI ago Heights cago	0 8 10 8 8 10 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9
Number of Recovery St Number of Recovery St Type of Ownership Church Related Not Fo HOSPITAL 1 HOSPITAL NAME Franciscan St. James H University of Chicago H STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ations Stage r Profit RANSFER Health-Chica lospital-Chic	RELATIONS NUMBI ago Heights cago	8 10 SHIPS ER OF PATIENTS 7 1 0 0 0 0 0 VIVALENTS 1.00 1.00 3.00
Type of Ownership Church Related Not For HOSPITAL THOSPITAL NAME Franciscan St. James Bruniversity of Chicago Bruniversity of	ations Stage r Profit RANSFER Health-Chica lospital-Chic	RELATIONS NUMBI ago Heights cago	10 SHIPS ER OF PATIENTS 7 1 0 0 0 1 IVALENTS 1.00 1.00 3.00
Type of Ownership Church Related Not Fo HOSPITAL 1 HOSPITAL NAME Franciscan St. James H University of Chicago H STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	r Profit RANSFER Health-Chicalospital-Chicalospital	RELATIONS NUMBI ago Heights ago	SHIPS ER OF PATIENTS 7 1 0 0 0 1 IVALENTS 1.00 1.00 3.00
Church Related Not Fo HOSPITAL 1 HOSPITAL NAME Franciscan St. James H University of Chicago H STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	RANSFER Health-Chica lospital-Chic	NUMBI ago Heights ago	7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Franciscan St. James H University of Chicago H STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	Health-Chica Iospital-Chic	NUMBI ago Heights ago	7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	lospital-Chic	ago Heights cago	7 1 0 0 0 0 0 1.00 1.00 3.00
STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	lospital-Chic	cago RNS	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
STAFF PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ING PATTE	RNS	0 0 0 1.00 1.00 3.00
PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	0 0 0 0 0 1.00 1.00 1.00 3.00
PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 1.00 3.00
PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 1.00 3.00
PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 1.00 3.00
Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	100		1.00 1.00 3.00
Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides			1.00 3.00
Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides			3.00
Registered Nurses Certified Aides			
Certified Aides			
Certified Aides			12.00
			6.00
Other Health Profs.			1.00
Other Non-Health Profe	3		1.00
TOTAL			26.00
DAYS AND	HOURS OF	OPERATIO	N
Monday			10
Tuesday			10
Wednesday			10
Thursday			10
Friday			10
•			0
Sunday			0
			TOTAL
			15
			1,165 26
			26 1,727
			1,727
•			13
TOTAL	1,249	1,711	2,960
RCE FOR FISCAL YEAR			
D: . D ====		Charity	Charity Care
•			Expense as % of Total Net Revenu
	PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay Charity Care TOTAL RCE FOR FISCAL YEAR Private Pay TOTAL	NUMBER OF PATIENTS BY PRII PAYMENT SOURCE MALE Medicaid 4 Medicare 488 Other Public 16 Insurance 729 Private Pay 8 Charity Care 4 TOTAL 1,249	Sunday NUMBER OF PATIENTS BY PRIMARY PAYN PAYMENT SOURCE MALE FEMALE Medicaid 4 11 Medicare 488 677 Other Public 16 10 Insurance 729 998 Private Pay 8 6 Charity Care 4 9 TOTAL 1,249 1,711 RCE FOR FISCAL YEAR Private Pay TOTALS Charity Care

4,391,051

19,496

6,349,430

3,016

1,863,983

18,375

56,525

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	473	374.50	118.50	493.00	1.04
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	336	84.00	84.00	168.00	0.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	109	77.50	27.50	105.00	0.96
Ophthalmology	525	400.50	131.50	532.00	1.01
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	797	939.50	199.50	1139.00	1.43
Otolaryngology	116	91.25	29.00	120.25	1.04
Pain Management	340	74.50	85.00	159.50	0.47
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	70	62.50	17.50	80.00	1.14
Thoracic	0	0.00	0.00	0.00	0.00
Urology	194	115.50	48.50	164.00	0.85
TOTAL	2960	2,219.75	741.00	2960.75	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 150 of 282

MBULATORY SU	JRGICAL TRE	ATMENT CEN	TER PROF	FILE-2012 GOI	LF SURGICAL CENTE	R, LLC	D	ES PLAINES
eference Numb	ers i	Facility Id 70	002231		Number of Operati	ing Rooms		5
Health Service Ar		Planning Se		031	Procedure Rooms	-		3
OLF SURGICAL		_			Exam Rooms			0
		,				m, Ctationa Ctar	. 1	7
901 GOLF ROAD					Number of Recove	-		
ES PLAINES, IL	60016-1425				Number of Recove	ery Stations Stage	2 2	19
dministrator Nicholas Lygiz	zos, M.D.		Date Co	omplete /6/2013	Type of Ownersh Limited Liability Pa		quired)	
egistered Agent	t				HOSPIT	TAL TRANSFER	RELATIONS	HIPS
CORPORATE	CREATIONS I	NT			HOSPITAL NAME	:	NUMBI	ER OF PATIENTS
roperty Owner					ADVOCATE LUTH			0
ACC GOLF RC	DAD. LLC				ADVOCATE LOTT	ILKAN GLNEKA	·L	0
	,							0
egal Owner(s)								0
ASTC SERVICES					SI	TAFFING PATTE	RNS	v
ADVOCATE NETWORK SERVICES				PERSONNEL		L-TIME EQU	IVALENTS	
					Administrator			0.00
					Physicians			0.00
					Nurse Anesthetist	S		0.00
					Director of Nurses	3		1.00
					Registered Nurses	S		12.60
					Certified Aides			0.00
					Other Health Profs	S.		4.56
					Other Non-Health	Profs		6.16
					TOTAL			24.32
					5440	1ND 11011D0 0 D		
					Monday	AND HOURS OF	OPERATIO	N
					Tuesday			10
					Wednesday			10
					Thursday			10
					Friday			10
					Saturday			0
					Sunday			0
NUMBE	R OF PATIEN	ITS BY AGE GI	ROUP		NUMBER OF PA	TIENTS BY PRII	MARY PAYM	ENT SOURCE
• • •	MALE	FEMALE	TOTAL	<u>- </u>	PAYMENT SOUR	RCE MALE	FEMALE	TOTAL
AGE	007	201	468	8	Medicaid	00	45	73
0-14 years	267					28		
0-14 years 15-44 years	267 456	411	86		Medicare	950	1,541	2,491
0-14 years 15-44 years 45-64 years	456 687	877	86 1,56	4	Medicare Other Public	950 0	1	1
0-14 years 15-44 years 45-64 years 65-74 years	456 687 451	877 750	86 1,56 1,20	4 1	Medicare Other Public Insurance	950 0 1,568	1 1,671	1 3,239
0-14 years 15-44 years 45-64 years 65-74 years	456 687	877	86 1,56	4 1	Medicare Other Public Insurance Private Pay	950 0 1,568 0	1 1,671 0	1 3,239 0
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	456 687 451	877 750	86 1,56 1,20	4 1 5	Medicare Other Public Insurance Private Pay Charity Care	950 0 1,568 0 1	1 1,671 0 0	1 3,239 0 1
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	456 687 451 686	877 750 1,019	86 ⁻ 1,56 ⁴ 1,70	4 1 5	Medicare Other Public Insurance Private Pay	950 0 1,568 0	1 1,671 0	1 3,239 0
AGE 0-14 years 15-44 years 45-64 years 65-74 years 75+ years TOTAL	456 687 451 686	877 750 1,019 3,258	86° 1,564 1,20° 1,709 5,809	4 1 5 5	Medicare Other Public Insurance Private Pay Charity Care	950 0 1,568 0 1 2,547	1 1,671 0 0	1 3,239 0 1 5,805
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	456 687 451 686	877 750 1,019 3,258	86° 1,564 1,20° 1,709 5,809	4 1 5 5	Medicare Other Public Insurance Private Pay Charity Care TOTAL	950 0 1,568 0 1 2,547	1 1,671 0 0 3,258	1 3,239 0 1 5,805
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	456 687 451 686	877 750 1,019 3,258	86 1,56- 1,20 1,70 5,809	4 1 5 5	Medicare Other Public Insurance Private Pay Charity Care TOTAL	950 0 1,568 0 1 2,547	1 1,671 0 0 3,258 Charity Care	1 3,239 0 1 5,805 Charity Care Expense as % of
0-14 years 15-44 years 45-64 years 65-74 years 75+ years TOTAL	456 687 451 686 2,547	877 750 1,019 3,258	86 1,56- 1,20 1,70 5,809	4 1 5 5 UE BY PAYOR SC	Medicare Other Public Insurance Private Pay Charity Care TOTAL Private Pay	950 0 1,568 0 1 2,547	1 1,671 0 0 3,258	1 3,239 0 1 5,805

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	229	145.75	57.00	202.75	0.89
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	2195	1,305.50	549.00	1854.50	0.84
Oral/Maxillofacial	64	96.00	16.00	112.00	1.75
Orthopedic	844	864.25	211.00	1075.25	1.27
Otolaryngology	678	510.50	169.50	680.00	1.00
Pain Management	13	5.00	3.50	8.50	0.65
Plastic	31	23.75	8.00	31.75	1.02
Podiatry	116	134.00	29.00	163.00	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	46	39.00	11.50	50.50	1.10
TOTAL	4216	3,123.75	1,054.50	4178.25	0.99

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	324	180	81	261	0.81
Laser Eye	1	803	116.75	67	183.75	0.23
MULTI GEN	1	462	261.25	77	338.25	0.73
Pain Management	0	0	0	0	0	0.00
TOTALS	3	1589	558	225	783	0.49

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 152 of 282 1/7/2014

Reference Numbers	Facility Id 7	002314	Number of Operating Roo	ms		4
Health Service Area 00		ervice Area 043	Procedure Rooms			0
INSDALE SURGICAL CE	•		Exam Rooms			2
08 N. ELM STREET, SUI			Number of Recovery Stat	ions Stage	1	8
IINSDALE, IL 60521			Number of Recovery Stat	_		10
Administrator		Date Complete	•	J		
Henry DeVries		3/19/2013	Type of Ownership			
Tionly Bornes		57.157.25.15	Limited Liability Company	(RA requi	red)	
Registered Agent			HOSPITAL TR	ANSFER R	ELATIONSHI	PS
CT Corporation System	l		HOSPITAL NAME		NUMBER	OF PATIENT
Property Owner			Adventist Hinsdale Hospi	tal Hinsdal		
Partners Health Trust			, tar on tion 1 mileagie 1 100p.			
						(
egal Owner(s)						(
						(
Napolitano, Kimberly Bercek, Michael			STAFFIN	G PATTER	NS	
Bercek, Michael Bittar, Sarni			PERSONNEL	FULL	TIME EQUIV	ALENTS
Girgis, Samuel			Administrator			1.00
-			Physicians			0.00
Guay-Bhatia, Lisa			Nurse Anesthetists			0.00
Hagen, Coleen			Director of Nurses			2.00
Hanna, Wafik			Registered Nurses			23.00
Izquierdo, Ricardo			Certified Aides			4.00
Jain, Neeraj			Other Health Profs.			4.00
Kett, Dwight			Other Non-Health Profs			7.00
Kopolovic, Richard			TOTAL			41.00
Larson, Bruce						
McLachlan, Daniel			DAYS AND H	OURS OF	OPERATION	
Zalik, Leonard And Others			Monday			8
And Others			Tuesday			8
			Wednesday			8
			Thursday			8
			Friday			8
			Saturday			0 0
			Sunday	2 DV DDII		
	ATIENTS BY AGE G		NUMBER OF PATIENT			
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE Medicaid	MALE 38	FEMALE 59	TOTAL 97
0-14 years 98 15-44 years 373	92 730	190 1,103	Medicare	36 1,094	1,686	2,780
45-64 years 684	1,093	1,777	Other Public	59	3	62
65-74 years 634	936	1,570	Insurance	992	1,654	2,646
75+ years 506	746	1,252	Private Pay	112	195	307
TOTAL 2,295	3,597	5,892	Charity Care	0	0	0
2,290	5,531	0,002	TOTAL	2,295	3,597	5,892

Charity Care Expense as % of Care Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Expense Total Net Revenue 24.7% 0.7% 3.5% 68.8% 2.3% 100.0% 56,570 298,273 196,545 2,074,732 5,779,051 8,405,171 78,521 1%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	210	8,696.00	0.00	8696.00	41.41
Laser Eye Surgery	429	12,015.00	0.00	12015.00	28.01
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	256	8,146.00	0.00	8146.00	31.82
Ophthalmology	2255	71,807.00	0.00	71807.00	31.84
Oral/Maxillofacial	25	1,322.00	0.00	1322.00	52.88
Orthopedic	117	6,025.00	0.00	6025.00	51.50
Otolaryngology	484	33,092.00	0.00	33092.00	68.37
Pain Management	1651	21,594.00	0.00	21594.00	13.08
Plastic	297	24,368.00	0.00	24368.00	82.05
Podiatry	131	8,480.00	0.00	8480.00	64.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	37	1,429.00	0.00	1429.00	38.62
TOTAL	5892	196,974.00	0.00	196974.00	33.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	a 0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

eference Numb	ers	Facility Id 7	003122	Number of Operating Roo	oms		3
Health Service A	rea 007	Planning Se	ervice Area 031	Procedure Rooms			1
IOFFMAN ESTA	TES SURGE	RY CENTER, LL	.C	Exam Rooms			0
555 BARRINGT	ON ROAD, D	OB #3, SUITE 0	400	Number of Recovery Stat	ions Stage	1	4
HOFFMAN ESTA	TES, IL 601	69-1019		Number of Recovery State	ions Stage	2	10
Administrator ANNAMARIE	C. YORK		Date Complete 2/19/2013	Type of Ownership Limited Liability Company	/ (RA requi	red)	
Registered Agen				HOSPITAL TR	ANSFER F	RELATIONSHI	PS
ILLINOIS COF	RPORATION	SER		HOSPITAL NAME		NUMBER	OF PATIENTS
Property Owner .egal Owner(s)				ST. ALEXIUS MEDICAL	CENTER		3 0 0 0
Erwin Szela							0
Abraham Mathey	v			STAFFIN	IG PATTER	RNS	
Maria Rosselson				PERSONNEL	FULL	-TIME EQUIV	ALENTS
Kimberlee Curny				Administrator			1.00
Keith Schroeder				Physicians			0.00
Keith Komnick				Nurse Anesthetists			0.00
John Moran				Director of Nurses			1.00
John Michon				Registered Nurses			11.00
				Certified Aides			4.00
Jeffrey Jagmin				Other Health Profs. Other Non-Health Profs			5.00 6.00
Jason Rotstein				TOTAL			28.00
Jagbir Ahuja Mark Dubin				TOTAL			26.00
George Zahrebel	lski			DAYS AND H	OURS OF	OPERATION	
Mark Piotrowski				Monday			10
And Others				Tuesday			10
				Wednesday			10
				Thursday			10 10
				Friday Saturday			0
				Sunday			0
NUMBE	ER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYMEI	NT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	87	42	129	Medicaid	0	0	0
15-44 years	296	415	711	Medicare	958	1,469	2,427
45-64 years	876 607	1,070	1,946	Other Public Insurance	0 1,394	0 1,653	0 3,047
65-74 years 75+ years	697 441	911 724	1,608 1,165	Private Pay	1,394	1,033	3,047 46
TOTAL	2,397	3,162	5,559	Charity Care	26	13	39
IOIAL	2,031	5,102	0,000	TOTAL	2,397	3,162	5,559

Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 38.5% 0.0% 0.0% 61.0% 0.5% 100.0% 22,489,995 182,390 46,169 0% 14,195,176 0 0 36,867,561

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 155 of 282

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OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	144	44.25	53.00	97.25	0.68
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	160	75.75	58.75	134.50	0.84
Ophthalmology	2876	894.75	1,054.75	1949.50	0.68
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	507	240.00	186.25	426.25	0.84
Otolaryngology	146	60.75	53.75	114.50	0.78
Pain Management	216	34.50	79.25	113.75	0.53
Plastic	38	27.00	14.75	41.75	1.10
Podiatry	319	252.25	117.50	369.75	1.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	48	34.75	17.75	52.50	1.09
TOTAL	4454	1,664.00	1,635.75	3299.75	0.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	1105	344.75	405.25	750	0.68
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	1105	344.75	405.25	750	0.68

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 156 of 282

eference Num	hers	Facility Id 70	03165	Number of Operating Rooms 1
Health Service		Planning Sei		
		TREMITY CENTE		Exam Rooms 0
15 West Algono		THE MITT OF THE		Number of Recovery Stations Stage 1 4
rlington Heights				Number of Recovery Stations Stage 2 4
	3, 12 00003			·
dministrator			Date Complete	I VDE OT CIWNERSNIN
Donna Kersti	ng		2/28/2013	Limited Liability Company (RA required)
egistered Age	nt			HOORITAL TRANSFER DELATIONOLURG
Richard Weil				HOSPITAL TRANSFER RELATIONSHIPS
Property Owner				HOSPITAL NAME NUMBER OF PATIENTS
ALGO, LLC	•			Northwest Community Hospital Arlington Heights 0
71200, 220				0
agal Ownar(a)				0
egal Owner(s)				0
Scott Sagermar	า			
Prasant Atluri				STAFFING PATTERNS
Michael Vender				PERSONNEL FULL-TIME EQUIVALENTS
Hand Surgery A	ssociates			Administrator 0.00
0 ,				Physicians 0.00
				Nurse Anesthetists 0.00
				Director of Nurses 0.00
				Registered Nurses 0.00
				Certified Aides 0.00
				Other Health Profs. 0.00
				Other Non-Health Profs 0.00
				TOTAL 0.00
				DAYS AND HOURS OF OPERATION
				Monday 10
				Tuesday 10
				Wednesday 10
				Thursday 10
				Friday 10
				Saturday 0
				·
NUMB	BER OF PATIE	NTS BY AGE GF	OUP	Saturday 0
	BER OF PATIE	ENTS BY AGE GR	ROUP TOTAL	Saturday 0 Sunday 0
	MALE 0	FEMALE 0	TOTAL 0	Saturday 0 Sunday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0
AGE 0-14 years 15-44 years	MALE 0 175	FEMALE 0 51	TOTAL 0 226	Saturday 0 Sunday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0
AGE 0-14 years 15-44 years 45-64 years	MALE 0 175 89	FEMALE 0 51 83	TOTAL 0 226 172	Saturday 0 Sunday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0
O-14 years 15-44 years 45-64 years 65-74 years	MALE 0 175 89 6	FEMALE 0 51 83 4	TOTAL 0 226 172 10	Saturday 0 Sunday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 175 89 6 0	FEMALE 0 51 83 4 1	TOTAL 0 226 172 10 1	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 175 89 6	FEMALE 0 51 83 4	TOTAL 0 226 172 10	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0 Charity Care 0 0 0
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 175 89 6 0	FEMALE 0 51 83 4 1	TOTAL 0 226 172 10 1	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 175 89 6 0	FEMALE 0 51 83 4 1 139	TOTAL 0 226 172 10 1 409	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0 Charity Care 0 0 0 TOTAL 270 139 409
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 175 89 6 0	FEMALE 0 51 83 4 1 139	TOTAL 0 226 172 10 1 409	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0 Charity Care 0 0 0 TOTAL 270 139 409
O-14 years 15-44 years 45-64 years 65-74 years 75+ years TOTAL	MALE 0 175 89 6 0 270	FEMALE 0 51 83 4 1 139	TOTAL 0 226 172 10 1 409 T REVENUE BY	Saturday
O-14 years 15-44 years 45-64 years 65-74 years	MALE 0 175 89 6 0 270	FEMALE 0 51 83 4 1 139	TOTAL 0 226 172 10 1 409	Saturday 0 NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL Medicaid 0 0 0 Medicare 0 0 0 Other Public 0 0 0 Insurance 270 139 409 Private Pay 0 0 0 Charity Care 0 0 0 TOTAL 270 139 409

FACILITY NOTES

10-022 3/2/2012 Facility received license for operation.

0

0

1,615,248

1,615,248

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	409	613.50	340.80	954.30	2.33
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	409	613.50	340.80	954.30	2.33

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 158 of 282 1/7/2014

eference Numbers Facility Id	7003118	Number of Operating Ro	ooms		4	
Health Service Area 007 Planning	Service Area 031	Procedure Rooms			1	
LINOIS SPORTS MEDICINE & ORTHOPE	DIC SURGERY CENT	Exam Rooms			0	
000 WAUKEGAN ROAD, SUITE 120		Number of Recovery Sta	ations Stage	1	8	
MORTON GROVE, IL 60053		Number of Recovery Sta	ations Stage	2	8	
dministrator	Date Complete					
Lawrence J. Parrish	2/6/2013	Type of Ownership Limited Liability Company (RA required)				
Registered Agent		HOSPITAL T	RANSFER F	RELATIONSH	IIPS	
David Raab, MD		HOSPITAL NAME		NUMBE	R OF PATIEN	NTS
roperty Owner		Advocate Lutheran Gen	eral Hospita	l		7
9000 Waukegan LLC		Northshore University H	ealth Syster	n - Highland F	Par	1
						0
egal Owner(s)						0
James Bresch, MD						U
Alexander Goldin, MD		STAFFI	NG PATTER	RNS		
Armen Kelikian, MD		PERSONNEL	FULL	-TIME EQUI\	/ALENTS	
Craig Williams, MD		Administrator			1.00	
David Raab, MD		Physicians			0.00	
David Tojo, MD		Nurse Anesthetists			0.00	
Douglas Solway, DPM		Director of Nurses Registered Nurses			1.00 12.00	
Garo Emerzian, DPM		Certified Aides			2.50	
Gary Friend, DPM		Other Health Profs.			6.00	
George Firlit, MD		Other Non-Health Profs			4.00	
Henry Kurzydlowski, MD		TOTAL			26.50	
Alan League, MD						
ra Goodman, MD		DAYS AND	HOURS OF	OPERATION	l	
Wayne Goldstein, MD		Monday			10	
And Others		Tuesday			10	
		Wednesday			10	
		Thursday Friday			10 10	
		Saturday			0	
		Sunday			0	
NUMBER OF PATIENTS BY AGE	GROUP	NUMBER OF PATIEN	TS BY PRIN	IARY PAYME	NT SOURCE	<u> </u>
AGE MALE FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years 52 51	103	Medicaid	0	1	1	
15-44 years 517 372	889	Medicare	461	844	1,305	
45-64 years 757 957	1,714	Other Public	166	52	218	
65-74 years 270 419	689 642	Insurance Private Pay	1,166 14	1,327	2,493	
75+ years 211 431	642	Private Pay Charity Care	14 0	6 0	20 0	
TOTAL 1,807 2,230	4,037	TOTAL	1,807	2,230	4,037	
			.,007	_,	1,001	

89.3%

8,681,084

100.0%

9,721,200

0.5%

43,834

0.0%

1,218

0.1%

6,677

10.2%

988,387

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1936	2,334.00	518.00	2852.00	1.47
Otolaryngology	280	336.00	70.00	406.00	1.45
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	321	385.00	80.00	465.00	1.45
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2537	3,055.00	668.00	3723.00	1.47

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	1500	500	250	750	0.50
TOTALS	1	1500	500	250	750	0.50

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 160 of 282

1/7/2014

Reference Numbers Facility Id 7001043	Number of Operating Rooms	4	
Health Service Area 007 Planning Service Area	Procedure Rooms	0	
NGALLS SAME DAY SURGERY CENTER	Exam Rooms	0	
701 W. 159TH STREET	Number of Recovery Stations Stage 1	12	
INLEY PARK, IL 60477	Number of Recovery Stations Stage 2	4	
Administrator Date Comp	Time of Ourseashin		
Margaret Vorrier, R.N. 2/22/2	Type of Ownership Limited Partnership (RA required)		
togistared Agent			
Registered Agent Dorothy Grzadzinski	HOSPITAL TRANSFER REL		
Property Owner	HOSPITAL NAME	NUMBER OF PATIENT	
Ingalls Health Venture	Ingalls Memorial Hospital, Harvey, IL		
ingalis i lealiti veritule			
(
egal Owner(s)			
John Grady, DPM	STAFFING PATTERNS	e	
Brian Farrell, MD	•	S IME EQUIVALENTS	
Charles Turk, DO	Administrator	1.00	
Daniel Weber, MD	Administrator Physicians	0.00	
David Dreyfuss, MD	Nurse Anesthetists	0.00	
Dev Sharma, MD	Director of Nurses	0.00	
Edward Kasper, DDS	Registered Nurses	11.30	
Frank Kniffen, MD, PHD, MBA	Certified Aides	0.00	
Herman Sloane, MD	Other Health Profs.	2.20	
Jack Gelman, MD	Other Non-Health Profs	6.20	
James Bray, MD	TOTAL	20.70	
Bradley Wright, DDS			
Jay Dutton, MD	DAYS AND HOURS OF OF	PERATION	
Wilson Heaton, DDS	Monday	8	
And Others	Tuesday	8	
	Wednesday	8	
	Thursday	8	
	Friday	8	
	Saturday	0	
NUMBER OF RATIFATO BY ACT ORGUE	Sunday	0 DV DAVMENT SOURCE	
NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL	NUMBER OF PATIENTS BY PRIMAR PAYMENT SOURCE MALE F	FEMALE TOTAL	
0-14 years 43 34 77	Medicaid 0	0 0	
15-44 years 312 382 694	Medicare 437	635 1,072	
45-64 years 502 593 1,095	Other Public 0	0 0	
65-74 years 298 340 638	Insurance 959	951 1,910	
75+ years 266 412 678	Private Pay 24	175 199	
TOTAL 1,421 1,761 3,182	Charity Care 1	0 1	
•	TOTAL 1,421	1,761 3,182	

Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 36.2% 0.0% 0.0% 42.7% 21.1% 100.0% 1,570,375 1,855,061 916,774 0% 0 0 4,342,210 257

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	12	13.75	8.50	22.25	1.85
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	79	54.25	55.25	109.50	1.39
Ophthalmology	936	557.50	655.00	1212.50	1.30
Oral/Maxillofacial	57	56.00	40.00	96.00	1.68
Orthopedic	522	556.25	417.75	974.00	1.87
Otolaryngology	192	184.50	134.50	319.00	1.66
Pain Management	161	46.50	53.00	99.50	0.62
Plastic	196	353.50	91.50	445.00	2.27
Podiatry	277	331.25	129.25	460.50	1.66
Thoracic	0	0.00	0.00	0.00	0.00
Urology	750	653.75	250.00	903.75	1.21
TOTAL	3182	2,807.25	1,834.75	4642.00	1.46

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

MBULATORY S	URGICAL TE	REATMENT CEN	TER PROFILE-201	JUSTICE MED-SURG	CENTER	Jl	JSTICE
Reference Numb	oers	Facility Id 7	002744	Number of Ope	erating Rooms		2
Health Service A	Area 007	Planning Se	ervice Area 031	Procedure Roo	ms		2
USTICE MED-S	URG CENTE	R		Exam Rooms			1
050 WEST 81S	T STREET			Number of Rec	Number of Recovery Stations Stage 1 8		
USTICE, IL 604	158				overy Stations Stage		0
•			Data Camplata		,		
dministrator			Date Complete	Type of Owne	rship		
James Gianfra	ancisco, M.D.	•	1/30/2013	Corporation (R			
Registered Ager	nt			но	PITAL TRANSFER	DEI ATIONSI	JID6
Michael Collin				HOSPITAL NA			R OF PATIENTS
roperty Owner							
First Step Hol				Palos Commui	nity Hospital, Palos H	Heights	5
That Glop Hol	anigo						0
							0
egal Owner(s)							0
/ijay Gupta, MD					STAFFING PATTE	RNS	
Steven French, I	DPM			PERSONNEL		L-TIME EQUI	VALENTS
Phil Guastella	-: 140			Administrator			1.00
lames Gianfran	cisco, MD			Physicians			4.00
larold Collins				Nurse Anesthe	tists		0.00
Seorge Sreckov	ic, MD			Director of Nur			1.00
Cheng Lin, MD				Registered Nu			14.00
Brian French, Df	PM			_	Certified Aides 0.00		
				Other Health F	rofs.		0.00
				Other Non-Hea	Other Non-Health Profs 7.00		
				TOTAL			27.00
				DA	YS AND HOURS OF	OPERATIO	N
				Monday		<u> </u>	8
				Tuesday			8
				Wednesday			8
				Thursday			8
				Friday			8
				Saturday			0
				Sunday			0
NUMB	ER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF	PATIENTS BY PRII	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SO	OURCE MALE	FEMALE	TOTAL
0-14 years	0	0	0	Medicaid	0	0	0
15-44 years	94	110	204	Medicare	237	298	535
45-64 years	374	346	720	Other Public	0	0	0
65-74 years	159	216	375	Insurance	480	470	950
75+ years	112	117	229	Private Pay	22	21	43
TOTAL	739	789	1,528	Charity Care	0	0	0
				TOTAL	739	789	1,528
		NE	ET REVENUE BY F	OR SOURCE FOR FISCA	L YEAR	Ch	Ob
NAP		diserial Or	- Dublis - Debeck	mana Biblioto B	TOTALO	Charity	Charity Care
Medicare	Me		r Public Private	•	TOTALS	Care Expense	Expense as % of Total Net Revenue
7.1%		0.0%	0.0%	88.4% 4.6%	100.0%		
254 752		^	^	0 0 0 4 2 4 6 2 4 9 2	2 610 170	1 00	00/

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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3,189,942

0

165,483

3,610,178

254,753

0

0%

1,800

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	13	3.50	6.50	10.00	0.77
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	278	23.25	25.00	48.25	0.17
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	219	425.00	103.50	528.50	2.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	23	7.50	10.00	17.50	0.76
TOTAL	533	459.25	145.00	604.25	1.13

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	995	668.75	477.5	1146.25	1.15
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	995	668.75	477.5	1146.25	1.15

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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Reference Numbers	Faci	lity Id 7002181		Number of Opera	ating Rooms		3
Health Service Area		Planning Service Ar	ea 043	Procedure Room	-		0
OYOLA AMBULATOR		-		Exam Rooms			4
SO. 224 SUMMIT, SI		OLIVIER AND OAK			very Stations Stage	<u> </u>	6
DAKBROOK TERRAC					very Stations Stage		3
	L, IL 00101	5 .	•	rambor of 11000	vory Clationic Clag	0 2	Ü
Administrator			Complete 2/28/2013	Type of Owners	ship		
Michael Curran		4	2/28/2013	Limited Partners	hip (RA required)		
legistered Agent				поев	PITAL TRANSFER	DEL ATIONS	шре
CT Corporation Sys	tem			HOSPITAL NAM			ER OF PATIENTS
Property Owner							
Health Care Propert	ties. Inc.				y Medical Center, N al Hospital, Maywo		5 0
	,			Cottiled Memoria	ai i iospitai, iviaywo	OU IL	0
egal Owner(s)							0
	_						0
Loyola Ambulatory Su	rgery Center a	at Oakbrook, LL		;	STAFFING PATTE	RNS	
				PERSONNEL	FUL	L-TIME EQU	IVALENTS
				Administrator			1.00
				Physicians			0.00
				Nurse Anestheti	sts		0.00
				Director of Nurse	es		1.00
				Registered Nurs	es		8.25
				Certified Aides			0.00
				Other Health Pro			4.00
				Other Non-Healt	th Profs		3.00
				TOTAL			17.25
				DAY	S AND HOURS OF	OPERATIO	N
				Monday			10
				Tuesday			10
				Wednesday			10
				Thursday			10
				Friday			10
				Saturday Sunday			0 0
AUMADED OF	- DATIENTO	DV 405 0D0UD			PATIENTS BY PRI	MADY DAYM	
AGE MA		BY AGE GROUP EMALE TOTA	۸۱	PAYMENT SOL		FEMALE	TOTAL
	61		215	Medicaid	180	171	351
	297		542	Medicare	132	239	371
•	332		339	Other Public	4	3	7
	06		270	Insurance	585	690	1,275
	57		130	Private Pay	52	40	92
TOTAL 9	953	1,143 2,0	096	Charity Care	0	0	0
				TOTAL	953	1,143	2,096
		NET DEVE	NUE BY PAYOR SOU	DCE EOD EISCAL	VEAD		
		NEI KEVE	INUE DI PATUR SUU	RUE FUR FISUAL	. IEAK	Objective	Ob anita a O a a
M = =!: = = ~ -	N 4 = =!! - = ! !	Other Double	Debroto Inc.	Debugata Day	TOTALO	Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Care Expense	Expense as % of Total Net Revenue
10.5%	6.2%		59.9%	23.0%	100.0%	Fyheilige	
448,028	261,902	16,440	2,549,387	976,858	4,252,615		0 0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	161	156.00	80.50	236.50	1.47
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	143	208.00	71.50	279.50	1.95
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	20	3.00	10.00	13.00	0.65
Ophthalmology	3	6.00	1.50	7.50	2.50
Oral/Maxillofacial	1	0.50	0.75	1.25	1.25
Orthopedic	1039	813.00	519.50	1332.50	1.28
Otolaryngology	41	80.00	41.00	121.00	2.95
Pain Management	365	105.00	182.50	287.50	0.79
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	318	315.00	159.00	474.00	1.49
Thoracic	0	0.00	0.00	0.00	0.00
Urology	5	2.00	2.50	4.50	0.90
TOTAL	2096	1,688.50	1,068.75	2757.25	1.32

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Reference Numb	ers Fa	cility Id 7002017		Number of Operat	ing Rooms		8
Health Service A		Planning Service A	rea 031	Procedure Rooms	-		0
OYOLA UNIVER	SITY AMBULAT	ORY SURGERY CE		Exam Rooms			0
160 S. FIRST AV				Number of Recove	e 1	9	
MAYWOOD, IL 6				Number of Recove	-		23
•	0100 0004	_		Number of Recove	ory Otations Otag	0 2	20
dministrator		Date	Complete	Type of Ownersh	ip		
Sandra Swans	on		2/28/2013	Other Not For Pro			
					,		
legistered Agen	t			HOSPI	TAL TRANSFER	RELATIONS	HIPS
December Owner				HOSPITAL NAME		NUMBI	ER OF PATIENTS
roperty Owner				Loyola Hospital, N	laywood, Illinois		42
							0
							0
egal Owner(s)							0
							O
					TAFFING PATTE		
				PERSONNEL	FUL	L-TIME EQU	
				Administrator			0.00
				Physicians			0.00
				Nurse Anesthetist			0.00
				Director of Nurses			1.00 23.30
				Registered Nurse Certified Aides	S		3.00
				Other Health Prof	e		11.00
				Other Non-Health			5.00
				TOTAL			43.30
				101712			10.00
				DAYS	AND HOURS OF	OPERATIO	N
				Monday			14
				Tuesday			14
				Wednesday			14
				Thursday			14 14
				Friday Saturday			0
				Sunday			0
NUMBE	R OF PATIENTS	S BY AGE GROUP			ATIENTS BY PRI	MARY PAYN	
AGE		FEMALE TO	ΓAL	PAYMENT SOU		FEMALE	TOTAL
0-14 years	941		,521	Medicaid	655	601	1,256
15-44 years	547		,338	Medicare	592	770	1,362
45-64 years	604		,492	Other Public	12	7	19
65-74 years	342		770	Insurance	1,393	1,560	2,953
75+ years	290	339	629	Private Pay	21	20	41
TOTAL	2,724	3,026 5	,750	Charity Care	51	68	119
				TOTAL	2,724	3,026	5,750
		NET REV	ENUE BY PAYOR SOL	JRCE FOR FISCAL \	YEAR		
						Charity	Charity Care
Medicare	Medicai			Private Pay	TOTALS	Care	Expense as % of
16.3%	7.89	% 14.5%	58.7%	2.7%	100.0%	Expense	Total Net Revenue
2,365,000	1,127,000	0 2,110,000	8,522,000	385,000	14,509,000	147,9	66 1%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	335	205.60	114.54	320.14	0.96
General Surgery	833	961.57	284.81	1246.38	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	6	8.63	1.54	10.17	1.70
OB/Gynecology	514	482.77	200.30	683.07	1.33
Ophthalmology	1099	1,259.30	523.66	1782.96	1.62
Oral/Maxillofacial	21	77.50	11.35	88.85	4.23
Orthopedic	584	891.40	256.22	1147.62	1.97
Otolaryngology	1160	1,501.20	446.95	1948.15	1.68
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	223	249.25	82.29	331.54	1.49
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	975	1,172.92	340.50	1513.42	1.55
TOTAL	5750	6,810.14	2,262.16	9072.30	1.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Nun	nbers	Facility Id 7	001076	Number of Operating Ro	oms		5	
Health Service	Area 007	Planning S	ervice Area 043	Procedure Rooms			0	
IIDWEST CEN	ITER FOR DA	Y SURGERY		Exam Rooms			5	
811 HIGHLAN	D AVENUE			Number of Recovery Sta	e 1	8		
OWNERS GR	OVE, IL 6051	15-9901		Number of Recovery Sta	tions Stage	e 2	8	
Administrator Ronald Ladn	iiak		Date Complete 2/26/2013	Type of Ownership Limited Liability Company (RA required)				
Registered Age	ent			HOSPITAL TR	RANSFER	RELATIONS	HIPS	
Ronald Ladn				HOSPITAL NAME		NUMBI	ER OF PATIE	NTS
roperty Owne				Advocate Good Samarita	an, Downei	rs Grove		7
Downers Gro	ove Surgery C	enter						0
								0
egal Owner(s)							0
Glenn Gardner	, M.D.							U
Kenneth Zygmi					NG PATTE			
Karenmarie Me	eyer, M.D.			PERSONNEL	FULI	L-TIME EQU		
Kanchan Patel	, M.D.			Administrator			0.00	
Kamlesh Shah	, M.D.			Physicians Nurse Anesthetists			0.00 0.00	
Jyoti Patel, M.D	D.			Director of Nurses			0.00	
John Wander,	M.D.			Registered Nurses			7.80	
John V. Belmo	nte, Jr., M.D.			Certified Aides			0.00	
John Martucci,	M.D.			Other Health Profs.			1.80	
John Josupait,	M.D.			Other Non-Health Profs 5.30				
Jane Dillon, M.	D.			TOTAL 14.90			14.90	
James Rejowsl	ki, M.D.							
Andrew Schubl	kegel, M.D.			DAYS AND H	HOURS OF	OPERATIO	N	
Guy Mattana, D	D.P.M.			Monday			11	
And Others				Tuesday			11	
				Wednesday			11	
				Thursday			11	
				Friday Saturday			11 0	
				Sunday			0	
NIIMI	RED OF DATI	ENTS BY AGE G	POLID	NUMBER OF PATIENT	S BY PRI	MARY PAYM	IENT SOURC	F
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	_
0-14 years	32	33	65	Medicaid	0	0	0	
15-44 years	234	427	661	Medicare	372	626	998	
45-64 years	648	990	1,638	Other Public	0	0	0	
65-74 years	271	435	706	Insurance	991	1,479	2,470	
75+ years	193	330	523	Private Pay	15	110	125	
TOTAL	1,378	2,215	3,593	Charity Care	0	0 245	0 2 502	
				TOTAL	1,378	2,215	3,593	
		N	ET REVENUE BY PAYOR	SOURCE FOR FISCAL YEAR				
						Charity	Charity C	
Medicare	e Me	edicaid Othe	r Public Private Insuran	ce Private Pay TOTA	ALS	Care	Expense as	% C

52.9%

2,331,864

23.8%

1,050,181

100.0%

4,411,759

23.3%

1,029,714

0.0%

0

0.0%

0

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.00	0.50	1.50	1.50
Dermatology	116	222.00	111.00	333.00	2.87
Gastroenterology	1052	358.00	179.00	537.00	0.51
General Surgery	23	30.00	15.00	45.00	1.96
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	9	6.00	3.00	9.00	1.00
OB/Gynecology	160	96.00	48.00	144.00	0.90
Ophthalmology	1395	462.00	231.00	693.00	0.50
Oral/Maxillofacial	161	93.00	46.50	139.50	0.87
Orthopedic	50	38.00	19.00	57.00	1.14
Otolaryngology	405	328.00	164.00	492.00	1.21
Pain Management	5	1.00	0.50	1.50	0.30
Plastic	104	208.00	104.00	312.00	3.00
Podiatry	86	106.00	53.00	159.00	1.85
Thoracic	2	2.00	1.00	3.00	1.50
Urology	24	15.00	7.50	22.50	0.94
TOTAL	3593	1,966.00	983.00	2949.00	0.82

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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IIDWEST ENDOSCOPY CENTER 243 RICKERT DRIVE IAPERVILLE, IL 60540 Idministrator Sandee Bernklau Date Complete 2/28/2013 Degistered Agent Marvin Kamensky	Number of Operating Rooms Procedure Rooms Exam Rooms Number of Recovery Stations Stage Number of Recovery Stations Stage Type of Ownership Limited Liability Company (RA requi	2 2
MIDWEST ENDOSCOPY CENTER 1243 RICKERT DRIVE NAPERVILLE, IL 60540 Administrator Date Complete Sandee Bernklau 2/28/2013 Registered Agent	Exam Rooms Number of Recovery Stations Stage Number of Recovery Stations Stage Type of Ownership Limited Liability Company (RA requi	4 21 5 2 2
243 RICKERT DRIVE NAPERVILLE, IL 60540 Administrator Sandee Bernklau Registered Agent Marvin Kamensky	Number of Recovery Stations Stage Number of Recovery Stations Stage Type of Ownership Limited Liability Company (RA requi	21 5 2
AAPERVILLE, IL 60540 Administrator Sandee Bernklau 2/28/2013 Registered Agent Marvin Kamensky	Number of Recovery Stations Stage Type of Ownership Limited Liability Company (RA requi	2 2
Administrator Date Complete Sandee Bernklau 2/28/2013 Registered Agent Marvin Kamensky	Type of Ownership Limited Liability Company (RA requi	
Sandee Bernklau 2/28/2013 Registered Agent Marvin Kamensky	Limited Liability Company (RA requi	red)
Sandee Bernklau 2/28/2013 Registered Agent Marvin Kamensky	Limited Liability Company (RA requi	red)
Registered Agent Marvin Kamensky		red)
Marvin Kamensky	HOSPITAL TRANSFER F	
	HOOF HAL MAROLEKT	RELATIONSHIPS
Property Owner	HOSPITAL NAME	NUMBER OF PATIEN
	Edward hospital	NOWDER OF LATTER
.egal Owner(s)	Edward Hospital	
Sushama Cundlanalli		
Sushama Gundlapalli Scott Berger	STAFFING PATTER	RNS
Ravi Nadimpalli	PERSONNEL FULL	-TIME EQUIVALENTS
Dinesh Jain	Administrator	0.00
Darren Kastin	Physicians	6.00
Janen Rasun	Nurse Anesthetists	0.00
	Director of Nurses	1.00
	Registered Nurses	11.00
	Certified Aides	2.00
	Other Health Profs.	3.00
	Other Non-Health Profs	0.00
	TOTAL	23.00
	DAYS AND HOURS OF	OPERATION
	Monday	9
	Tuesday	9
	Wednesday	9
	Thursday	9
	Friday	9
	Saturday	0
	Sunday	
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENTS BY PRIN	
AGE MALE FEMALE TOTAL	PAYMENT SOURCE MALE	FEMALE TOTAL
0-14 years 1 1 2	Medicaid 2	0 2
15-44 years 470 680 1,150	Medicare 400 Other Public 5	592 992 5 10
45-64 years 1,426 1,909 3,335 65-74 years 374 480 854	Insurance 1,959	2,605 4,564
75+ years 96 133 229	Private Pay 1	1 2
TOTAL 2,367 3,203 5,570	Charity Care 0	0 0
101AL 2,301 3,203 3,310	TOTAL 2,367	3,203 5,570
NET REVENUE BY PAYOR	SOURCE FOR FISCAL YEAR	
Medicara Medicaid Other Bublic Drivets Income	Drivoto Dov. TOTALS	Charity Charity Car Care Expense as %
Medicare Medicaid Other Public Private Insuran	nce Private Pay TOTALS	·
10.9% 0.0% 0.2% 88.9	9% 0.0% 100.0%	Expense Total Net Reve

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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6,009,087

1,950

6,758,135

10,412

0

736,686

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5570	2785	2042	4827	0.87
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5570	2785	2042	4827	0.87

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SUI	RGICAL TREAT	MENT CENTER PR	OFILE-2012 MIDW	EST EYE CENTER,	s.c.	С	ALUMET CITY		
Reference Numbe	e rs Fac	cility Id 7001399		Number of Operat	ting Rooms		2		
Health Service Are		Planning Service Are	ea 031	Procedure Rooms			1		
MIDWEST EYE CE		ŭ		Exam Rooms			1		
1700 E. WEST RO	•			Number of Recove	ery Stations Stage	1			
CALUMET CITY, IL				Number of Recove		4			
DALOIVIET CITT, IL	L 60409			Number of Recove	ery Stations Stage	3 2	4		
Administrator		Date	Complete	Type of Ownership					
Afzal Ahmad MI	D	2	2/27/2013	Corporation (RA re					
				Corporation (KA II	equirea)				
Registered Agent				HOSPI ⁻	TAL TRANSFER	RELATIONS	HIPS		
Alan Wischover	r			HOSPITAL NAME		NUMBI	ER OF PATIENTS		
Property Owner				Advocate Trinity F	Hospital Chicago		0		
Midwest Proper	tyEnterprise			riarocato riiinty r	.cop.ia. ccago		0		
							0		
.egal Owner(s)							0		
							0		
Midwest Eye Cent	er S.C.			s	TAFFING PATTE	RNS			
				PERSONNEL	FULI	L-TIME EQU	IVALENTS		
				Administrator			1.00		
				Physicians			1.00		
				Nurse Anesthetist	ts		0.00		
				Director of Nurses	S		1.00		
				Registered Nurse	s		1.00		
				Certified Aides			2.00		
				Other Health Prof	s.		3.00		
				Other Non-Health	Profs		0.00		
				TOTAL			9.00		
					AND HOURS OF	OPERATIO			
				Monday			8		
				Tuesday			10		
				Wednesday			8		
				Thursday			10		
				Friday Saturday			4 0		
				Sunday			0		
\!!! !		DV 405 000UD		,	ATIENTS BY BBI	MADY DAYM	•		
		BY AGE GROUP	۸۱	PAYMENT SOU	ATIENTS BY PRII RCE MALE	FEMALE	TOTAL		
AGE 0-14 years	MALE F	EMALE TOTA	AL 11	Medicaid	RCE MALE 62	PEMALE 96	158		
15-44 years	36	9 35	71	Medicare	314	459	773		
45-64 years	218		440	Other Public	0	0	0		
65-74 years	167		409	Insurance	186	220	406		
75+ years	154		427	Private Pay	13	6	19		
TOTAL	577		358	Charity Care	2	0	2		
TOTAL	377	701 1,	330	TOTAL	577	781	1,358		
				TOTAL	511	701	1,330		
		NET REVE	NUE BY PAYOR SOU	IRCE FOR FISCAL Y	YEAR				
						Charity	Charity Care		
Medicare	Medicaio	d Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of		
30.4%	7.0%		31.4%	31.2%	100.0%	Expense	Total Net Revenue		
514,363	117,770		530,254	527,998	1,690,385	10,5			
514,303	117,770	, 0	550,254	521,990	1,050,303	10,5	UU 170		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	727	408.50	378.50	787.00	1.08
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	39	39.00	19.50	58.50	1.50
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	766	447.50	398.00	845.50	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	592	148	246.5	394.5	0.67
Pain Management	0	0	0	0	0	0.00
TOTALS	1	592	148	246.5	394.5	0.67

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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eference Numbers Fac	ility Id 70017	87	Number of Operating Roo	oms		4		
Health Service Area 007	Planning Service	e Area 043	Procedure Rooms 1					
NAPERVILLE SURGICAL CENTRE			Exam Rooms	Exam Rooms				
263 RICKERT DRIVE			Number of Recovery Stat	Number of Recovery Stations Stage 1 8				
NAPERVILLE, IL 60540-0954			Number of Recovery Stat	Number of Recovery Stations Stage 2 8				
Administrator	D	ate Complete	Type of Ownership					
Ronald Ladniak		2/26/2013	Limited Liability Company	/ (RA requi	ired)			
Registered Agent			HOSPITAL TR	ANSFER F	RELATIONSHI	PS		
Ronald Ladniak			HOSPITAL NAME			OF PATIENT		
Property Owner			Edward Hospital, Naperv	ille IL				
			Rush-Copley, Aurora IL					
₋egal Owner(s)								
Evengelical Comisson Com								
Evangelical Services Corp. Abbas, Sadiqa				IG PATTEI	RNS			
Jurado, Asuncion			PERSONNEL	FULL	-TIME EQUIV	ALENTS		
Josupait, John			Administrator			0.00		
Ibrahim, Kamal			Physicians	0.00				
Hayden, David			Nurse Anesthetists		0.00			
Grill, Stephen			Director of Nurses			0.00		
Glock, Christopher			Registered Nurses			6.40		
Ladniak, Ronald			Certified Aides 0.00 Other Health Profs. 2.60					
Fakouri, Bejan			Other Non-Health Profs 4.05					
Lieber, Lawrence			TOTAL			13.05		
DeBartolo, Daniel								
Bull, John			DAYS AND H	OURS OF	OPERATION			
Berg, Edward			Monday		0. 2	11		
And Others			Tuesday			11		
			Wednesday			11		
			Thursday			11		
			Friday			11		
			Saturday			0		
			Sunday			0		
NUMBER OF PATIENTS			NUMBER OF PATIENT					
		OTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years 73	53	126	Medicaid	0	0	0		
15-44 years 289	229	518	Medicare Other Bublic	230	402	632		
	465 251	761 439	Other Public Insurance	5 711	3 763	8 1,474		
45-64 years 296	251	438 304	Private Pay	9	24	33		
65-74 years 187	194		i iii ay	•	27	00		
	194 1,192	2,147	Charity Care	0	0	0		

	NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR								
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care		rity Care se as % of	
16.8%	0.0%	0.3%	81.5%	1.4%	100.0%	Expense	Total Ne	et Revenue	
520,318	0	9,758	2,527,672	44,409	3,102,157		0	0%	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	16	14.00	7.00	21.00	1.31
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	7	12.00	6.00	18.00	2.57
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	49	26.00	13.00	39.00	0.80
OB/Gynecology	3	1.00	0.50	1.50	0.50
Ophthalmology	618	265.00	132.50	397.50	0.64
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	976	591.00	295.50	886.50	0.91
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	205	40.00	20.00	60.00	0.29
Plastic	28	44.00	22.00	66.00	2.36
Podiatry	205	205.00	102.50	307.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	40	32.00	16.00	48.00	1.20
TOTAL	2147	1,230.00	615.00	1845.00	0.86

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 176 of 282 1/7/2014

Reference Num	hers	Facility Id 70	003130			Number of Operating	ı Rooms		3	
Health Service Area 007 Planning Service Area 031				Number of Operating Rooms Procedure Rooms			0			
NORTH SHORE		ū	1110071100	001	Exam Rooms				0	
3725 WEST TOUHY						Number of Recovery	Stations Stage	1	3	
LINCOLNWOOD						Number of Recovery	_		9	
), IL 007 IZ				ramber of Recovery	Ciations Clage	_	J		
Administrator			Date Con	•		Type of Ownership				
Gary Rippber	ger		2/20	5/2013		Limited Liability Com	pany (RA requi	red)		
Registered Age						HOSPITA	L TRANSFER F	RELATIONSH	IPS	
CT CORP SY	_					HOSPITAL NAME		NUMBEI	R OF PATIENT	
Property Owner						ST. FRANCIS -EVA	NSTON			
HENRY PRO	ESEL									
_egal Owner(s)										
MICHEAL CHIN	I. DPM								,	
H. CLARK FEDI	•					STA	FFING PATTER	RNS		
HARSH GUPTA	•					PERSONNEL	FULL	-TIME EQUIV	/ALENTS	
JAMES BOFFA	•					Administrator			1.00	
JOEL BRASCH	•					Physicians			0.00	
JOHN VAINDER	-					Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health Profs			0.00 1.00 6.00 0.00 4.00 3.00	
BALJINDER BA	•									
MARK SCHACE										
	חו, ועוט									
TJ HAN, DPM	IN MD									
RANDY EPSTE	•					TOTAL	013		15.00	
RICHARD WEIS	*					TOTAL			13.00	
ROBERT STEIN TAMARA WYSE	•					DAYS AN	ND HOURS OF	OPERATION		
TAURIN JAIN, N	MD					Monday			8	
And Others						Tuesday			8	
						Wednesday			8	
						Thursday			8	
						Friday			8	
						Saturday			0	
AUUMAD		IENTO DV AGE O	2011			Sunday	ENTE DV DDIA	ADV DAVME	0	
AGE	MALE	IENTS BY AGE GI FEMALE	TOTAL			NUMBER OF PATI PAYMENT SOURCE		FEMALE	TOTAL	
0-14 years	6	5	11			Medicaid	0	17	17	
15-44 years	60	628	688			Medicare	417	718	1,135	
45-64 years	222	358	580			Other Public	0	2	2	
65-74 years	192	418	610			Insurance	345	964	1,309	
75+ years	291	390	681			Private Pay	9	98	107	
TOTAL	771	1,799	2,570			Charity Care	0	0	0	
						TOTAL	771	1,799	2,570	
		NE	T REVENU	E BY PAY	OR SOUR	CE FOR FISCAL YE	AR		.	
								Charity	Charity Care	

Charity **Charity Care** Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 29.1% 0.3% 0.0% 68.4% 2.2% 100.0% 12,708 1,061 2,864,030 93,763 0% 1,217,719 4,189,281 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	130	43.25	54.00	97.25	0.75
General Surgery	40	47.00	16.50	63.50	1.59
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	520	159.25	216.50	375.75	0.72
Ophthalmology	1478	613.75	615.75	1229.50	0.83
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1	0.50	0.50	1.00	1.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	118	33.00	49.00	82.00	0.69
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	265	194.50	110.25	304.75	1.15
Thoracic	0	0.00	0.00	0.00	0.00
Urology	18	11.00	7.50	18.50	1.03
TOTAL	2570	1,102.25	1,070.00	2172.25	0.85

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	JRGICAL TR	EATMENT CEN	ITER PROF	FILE-2012 NORT	HWEST COMMUN	ITY DAY SURGER	RY CENT A	RLINGTON HEIGH
eference Numb	ers	Facility Id 7	001209		Number of Opera	ting Rooms		10
Health Service A	rea 007	Planning S	ervice Area	031	Procedure Rooms		0	
ORTHWEST CO		_			Exam Rooms			0
75 W. KIRCHOF		AT SUNGENT	CLIVILIX		Exam Rooms Number of Recovery Stations Stage 1			11
		005 0000						
RLINGTON HEI	GHTS, IL 600	005-2392			Number of Recov	ery Stations Stage	2 2	10
dministrator			Date Co	omplete	Type of Ownersl	nin		
Roxanne Matia	as		2/2	22/2013		-		
					Corporation (RA	equirea)		
egistered Agent					HOSPI	TAL TRANSFER	RELATIONS	HIPS
Bruce Crowthe	er				HOSPITAL NAMI	E	NUMBE	ER OF PATIENTS
roperty Owner					-			26
N/A								0
								0
egal Owner(s)								0
								0
orthwest Comm	unity Healtho	are			S	TAFFING PATTE	RNS	
					PERSONNEL	FULI	L-TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			0.00
					Nurse Anesthetis	its		0.00
					Director of Nurse	S		0.00
					Registered Nurse	es		34.20
					Certified Aides			3.00
					Other Health Pro	fs.		8.00
					Other Non-Health	n Profs		9.50
					TOTAL			55.70
					DAVE	S AND HOURS OF	ODEDATIO	NI.
					Monday	AND HOURS OF	OPERATIO	12
					Tuesday			12
					Wednesday			12
					Thursday			12
					Friday			12
					Saturday			0
					Sunday			0
NUMBE	R OF PATIE	NTS BY AGE G	ROUP		NUMBER OF P	ATIENTS BY PRII	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL	-	PAYMENT SOU	IRCE MALE	FEMALE	TOTAL
0-14 years	173	125	29	8	Medicaid	67	209	276
15-44 years	704	1,304	2,00	8	Medicare	999	1,505	2,504
45-64 years	1,004	1,673	2,67	7	Other Public	2	9	11
65-74 years	544	827	1,37		Insurance	1,841	2,885	4,726
75+ years	522	730	1,25	2	Private Pay	6	8	14
TOTAL	2,947	4,659	7,60	6	Charity Care	32	43	75
					TOTAL	2,947	4,659	7,606
		N	ET REVEN	UE BY PAYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	icaid Othe	r Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
		4 50/	0.007	70.40/		400.00/	Expense	Total Net Revenue
19.5%		1.5%	0.2%	76.4%	2.3%	100.0%	Expense	Total Net Neverlue

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	1293	1,253.00	400.00	1653.00	1.28
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	1395	994.00	401.00	1395.00	1.00
Ophthalmology	1752	930.00	348.00	1278.00	0.73
Oral/Maxillofacial	12	18.00	5.00	23.00	1.92
Orthopedic	2192	2,989.00	1,341.00	4330.00	1.98
Otolaryngology	481	559.00	168.00	727.00	1.51
Pain Management	152	93.00	48.00	141.00	0.93
Plastic	49	90.00	19.00	109.00	2.22
Podiatry	251	326.00	100.00	426.00	1.70
Thoracic	0	0.00	0.00	0.00	0.00
Urology	29	29.00	9.00	38.00	1.31
TOTAL	7606	7,281.00	2,839.00	10120.00	1.33

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 180 of 282

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		- " II -	20000	N 1 (0 " D					
leference Num		,	000920	Number of Operating Ro	oms		5		
Health Service		Planning Se	ervice Area 031	Procedure Rooms			2		
ORTHWEST S				Exam Rooms			0		
100 W. CENTF				Number of Recovery Sta	_		0		
RLINGTON HE	EIGHTS, IL 6	60005-2493		Number of Recovery Sta	Number of Recovery Stations Stage 2 0				
dministrator			Date Complete	Type of Ownership					
Patricia L Je	psen		2/28/2013	Limited Partnership (RA	roquirod)				
				Lillilled Falthership (NA	requireu)				
Registered Age	ent			HOSPITAL TE	RANSFER R	ELATIONS	HIPS		
CT Corporati	ion System			HOSPITAL NAME		NUMBE	R OF PATIENTS		
roperty Owne	r			Northwest Hospital, Arlin	aton Heiahts		5		
MedPropertie	es				.9.0	-,	0		
							0		
.egal Owner(s))						0		
(.)	•						0		
Neal, M Bryan				STAFFI	NG PATTER	NS			
Ansari, Naveed				PERSONNEL		TIME EQUI	VALENTS		
Curnyn, Kimbe				Administrator			1.00		
Donahue, Briar	1			Physicians			0.00		
Flood, James				Nurse Anesthetists			0.00		
Garcia-Valenzu	ıela, Enrique			Director of Nurses			1.00		
Guthman, Davi	d			Registered Nurses			7.60		
Hill, James				Certified Aides			6.60		
Kachar, Sergey	/			Other Health Profs.			0.00		
Kim, James				Other Non-Health Profs			8.50		
Alter, Daniel				TOTAL			24.70		
Miller, Christop	her								
Wyhinny, Geor				DAYS AND H	HOURS OF	OPERATION	1		
Nelson, Gregor	-			Monday			10		
And Others	•			Tuesday			10		
				Wednesday			10		
				Thursday			10		
				Friday			10		
				Saturday			0		
				Sunday			0		
NUME	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	ARY PAYM	ENT SOURCE		
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years	16	25	41	Medicaid	0	0	0		
15-44 years	197	323	520	Medicare	716	1,169	1,885		
45-64 years	394	455	849	Other Public	0	0	0		
65-74 years	373	512	885	Insurance	599	730	1,329		
75+ years	417	717	1,134	Private Pay	69	115	184		
TOTAL	1,397	2,032	3,429	Charity Care	13	18	31		
				TOTAL	1,397	2,032	3,429		
		NI	T REVENUE RY PAY	OR SOURCE FOR FISCAL YEAR					
		INI	I REVERSE DI FAI	ON COUNCE I ON FIGURE TEAR		Oh asite	Oh avita a Oa		
Medicare	, NA.	edicaid Othe	r Public Private Insu	ırance Private Pay TOT/	NI C	Charity Care	Charity Care Expense as % of		
iviedicare	= IVIE	outdaid Office	i rubiic Piivale inst	irance Frivate Pay 1017	113	Evpopeo	Total Not Povon		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 181 of 282

34.2%

4,331,298

2.4%

298,894

100.0%

12,651,871

63.4%

8,021,679

0.0%

0

0.0%

0

Total Net Revenue

0%

Expense

36,493

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	4	5.50	0.50	6.00	1.50
Dermatology	106	90.00	53.00	143.00	1.35
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	213	53.00	16.00	69.00	0.32
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	141	36.00	21.00	57.00	0.40
Ophthalmology	2350	587.00	188.00	775.00	0.33
Oral/Maxillofacial	14	6.50	0.50	7.00	0.50
Orthopedic	197	98.00	24.00	122.00	0.62
Otolaryngology	12	12.00	8.00	20.00	1.67
Pain Management	259	64.00	8.00	72.00	0.28
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3296	952.00	319.00	1271.00	0.39

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	14	5.5	0.5	6	0.43
Laser Eye	1	119	20	0.5	20.5	0.17
Pain Management	0	0	0	0	0	0.00
TOTALS	2	133	25.5	1	26.5	0.20

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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and west 95TH STREET WAK LAWN, IL 60453 dministrator Jo Ann Depergola R.N. egistered Agent John Lawrence roperty Owner JDS Management Service egal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Procedure Rooms Exam Rooms Number of Recovery State Number of Recovery State Type of Ownership Limited Liability Partnersh HOSPITAL TR HOSPITAL NAME Little Company of Mary H Palos Hospital Palos Heir STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs.	tions Stage hip (RA requestrates RANSFER R Hospital Every ghts	2 uired) RELATIONSHI NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
AK LAWN, IL 60453 Administrator Jo Ann Depergola R.N. Registered Agent John Lawrence Property Owner JDS Management Service Regal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Number of Recovery State Number of Recovery State Number of Recovery State Type of Ownership Limited Liability Partnersh HOSPITAL TR HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Heis STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	tions Stage hip (RA requestrates RANSFER R Hospital Every ghts	uired) RELATIONSHI NUMBER Prgreen Park	14 0 IPS R OF PATIENT 1.00 0.00 0.00 0.00		
Jo Ann Depergola R.N. 2/19/2013 Registered Agent John Lawrence Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Type of Ownership Limited Liability Partnersh HOSPITAL TR HOSPITAL NAME Little Company of Mary H Palos Hospital Palos Heir STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	tions Stage hip (RA requestrates RANSFER R Hospital Every ghts	uired) RELATIONSHI NUMBER Prgreen Park	0 IPS R OF PATIENT 1.00 0.00 0.00 0.00 0.00		
Administrator Jo Ann Depergola R.N. Registered Agent John Lawrence Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Type of Ownership Limited Liability Partnersh HOSPITAL TR HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Heir STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	hip (RA requestance) ANSFER R Hospital Every ghts	uired) RELATIONSHI NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
Jo Ann Depergola R.N. 2/19/2013 Registered Agent John Lawrence Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	HOSPITAL TR HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Heir STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ANSFER R Hospital Eve ghts	RELATIONSHI NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
Registered Agent John Lawrence Property Owner	HOSPITAL TR HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Heir STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ANSFER R Hospital Eve ghts	RELATIONSHI NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
John Lawrence Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Hei STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	dospital Eve ghts	NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
John Lawrence Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	HOSPITAL NAME Little Company of Mary F Palos Hospital Palos Hei STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	dospital Eve ghts	NUMBER ergreen Park	ALENTS 1.00 0.00 0.00 0.00		
Property Owner JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ghts	ergreen Park	1.00 0.00 0.00 0.00		
JDS Management Service Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	STAFFIN PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	ghts	RNS	1.00 0.00 0.00 0.00		
Legal Owner(s) NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	IG PATTER	_	1.00 0.00 0.00 0.00		
NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 0.00 0.00 0.00		
NovaMed Aquisition Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 0.00 0.00 0.00		
Dr. P. Morreale Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	_	_	1.00 0.00 0.00 0.00		
Dr. M. Kudalker Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides	FULL	-TIME EQUIV	1.00 0.00 0.00 0.00		
Dr. M. Al-Khudari Dr. L. Sydrys Dr. D. Elser	Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides			1.00 0.00 0.00 0.00		
Dr. L. Sydrys Dr. D. Elser	Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides			0.00 0.00 0.00		
Dr. D. Elser	Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides			0.00 0.00		
	Registered Nurses Certified Aides			0.00		
CFRA Limited	Certified Aides					
	Certified Aides			7.00		
	Other Health Profe			0.00		
	Other Health Flors.			6.00		
	Other Non-Health Profs 1.00			1.00		
	TOTAL			15.00		
	DAYS AND H	IOURS OF	OPERATION			
	Monday			8		
	Tuesday			8		
	Wednesday			8		
	Thursday			8		
	Friday			8		
	Saturday Sunday			4 0		
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYME			
AGE MALE FEMALE TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years 4 4 8	Medicaid	33	40	73		
15-44 years 238 121 359	Medicare	753	1,101	1,854		
45-64 years 415 466 881	Other Public	0	0	0		
65-74 years 290 483 773	Insurance	475	420	895		
75+ years 351 515 866	Private Pay	37	28	65		
TOTAL 1,298 1,589 2,887	Charity Care	0	0	0		
	TOTAL	1,298	1,589	2,887		

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR										
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care		rity Care se as % of		
35.4%	1.2%	0.0%	59.5%	3.9%	100.0%	Expense	Total No	et Revenu		
1,514,382	50,627	0	2,545,999	164,990	4,275,998		0	0%		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1663	415.75	277.50	693.25	0.42
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	599	499.25	319.50	818.75	1.37
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	588	188.25	90.00	278.25	0.47
Plastic	19	28.50	9.50	38.00	2.00
Podiatry	18	27.00	12.00	39.00	2.17
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2887	1,158.75	708.50	1867.25	0.65

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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	nbers	Facility Id 7	002561	Number of Operating Ro	ooms		2	
Health Service	Area 007	Planning Se	ervice Area 031	Procedure Rooms			0	
NOVAMED SUF	RGERY CENTE	ER OF RIVER FO	OREST, LLC	Exam Rooms 2			2	
427 WEST LA	KE STREET			Number of Recovery Sta	ations Stage	e 1	2	
RIVER FOREST	Γ, IL 60305-18	17		Number of Recovery Sta	ations Stage	2	2	
Administrator			Date Complete	Time of Our analysis				
Kelly Spilland	e, R.N.		2/7/2013	Type of Ownership Limited Liability Company (RA required)				
Registered Age	ent			HOSPITAL T	RANSFER	RELATIONSH	IIPS	
John Lawren	ice			HOSPITAL NAME NUMBER OF PATIENT				
Property Owne	r			West Suburban Hospita	I. Oak Park		0	
HSK Partner	ship				, can and	,	0	
.egal Owner(s))						0	
Walter I. Fried,				STAFFI	NG PATTE	RNS	· ·	
Surgery Partne				STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS				
Scott H. Kirk, M				Administrator	. 01		1.00	
Kent A. Kirk, M	ט			Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses			1.00	
				Certified Aides			0.00	
				Other Health Profs.			1.00	
				Other Non-Health Profs			1.00	
				TOTAL			5.00	
				DAYS AND	HOURS OF	OPERATION	<u> </u>	
				Monday			8	
				Tuesday			8	
				Wednesday			10	
				Thursday Friday			10 8	
				Saturday			0	
				Sunday			0	
NUME	BER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIEN	TS BY PRII	MARY PAYME	NT SOURCE	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
	0	0	0	Medicaid	14	12	26	
0-14 years	27	40	67	Medicare	360	605	965	
15-44 years	120	167	306	Other Public	3	0	3	
15-44 years 45-64 years	139	276	466	Insurance	176	198	374	
15-44 years 45-64 years 65-74 years	190			Private Pay	46	53	99	
15-44 years 45-64 years 65-74 years 75+ years	190 253	396	649	•	10	11	21	
•	190		649 1,488	Charity Care TOTAL	10 609	11 879	1,488	
15-44 years 45-64 years 65-74 years 75+ years	190 253	396 879	1,488	Charity Care				

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 185 of 282

437,073

125,581

1,921,045

72,164

38,513

4,242

1,315,636

4%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	139	69.50	34.00	103.50	0.74
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1319	435.00	330.00	765.00	0.58
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	30	50.00	7.00	57.00	1.90
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1488	554.50	371.00	925.50	0.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 186 of 282

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afaranaa Niimb		Facility Id. 70	01540		Number of Oper	otina Dooma		4
Reference Numbe		,	01548	0.42	Number of Opera Procedure Room	-		4
Health Service Ar		Planning Se	rvice Area	a 043		1S		0
OAK BROOK SUF		*			Exam Rooms	0		1
425 W. 22ND ST	· ·	101				very Stations Stage		8
DAKBROOK, IL 6	60523				Number of Reco	very Stations Stage	e 2	8
Administrator				omplete	Type of Owners	hin		
Ali Nili			2/	22/2013	* *	Company (RA requ	ired)	
Registered Agent	•							
Paul A. Gilman						PITAL TRANSFER		
Property Owner	•				HOSPITAL NAM			ER OF PATIENTS
Toperty Owner					Good Samaritan	Hospital, Downers	Grove	0
								0
1 O · · · · · · · · · · · · · · · · · ·								0
.egal Owner(s)								0
Kianoosh Jafari, I	M.D.					STAFFING PATTE	DNC	-
					PERSONNEL		KNS L-TIME EQU	IVAI ENTS
					Administrator	1 32		1.00
					Physicians			2.00
					Nurse Anestheti	sts		0.00
					Director of Nurs			0.33
					Registered Nurs			13.00
					Certified Aides			5.00
					Other Health Pro	ofs.		5.00
					Other Non-Heal	th Profs		9.00
					TOTAL			35.33
					Monday	S AND HOURS OF	OPERATIO	<u>N</u> 11
					Tuesday			11
					Wednesday			11
					Thursday			11
					Friday			11
					Saturday			7
					Sunday			0
NUMBE	R OF PATIEN	ITS BY AGE GI	ROUP		NUMBER OF F	PATIENTS BY PRI	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTA	L	PAYMENT SO	URCE MALE	FEMALE	TOTAL
0-14 years	1	7		8	Medicaid	1	3	4
15-44 years	356	955	1,31		Medicare	149	381	530
45-64 years	426	934	1,36		Other Public	0	0	0
65-74 years	109	230	33		Insurance	708	1,579	2,287
75+ years	69	134	20		Private Pay	103	297	400
TOTAL	961	2,260	3,22	21	Charity Care	0	0	0
					TOTAL	961	2,260	3,221
		NIC	T REVEN	ILIE RY DAVOD S	OURCE FOR FISCAL	YEAR		
		INC	INEVEN	ICE DI FAIOR S	JUNGE FUN FISUAL	LAN	Charita	Charity Care
Madiass	NA - C	ooid Other	Dublic	Drivoto Income	Debrote Dec	TOTALO	Charity Care	Charity Care Expense as % o
Medicare	Medio		Public	Private Insurance	•	TOTALS	Expense	Total Net Revenu
2.7%		0.3%	0.0%	88.4%		100.0%	ryhense	
381,296	40	129	0	12,601,035	1,233,875	14,256,336		0 0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	5	3.00	2.25	5.25	1.05
General Surgery	89	229.00	26.00	255.00	2.87
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	572	684.50	336.00	1020.50	1.78
Ophthalmology	54	50.75	12.75	63.50	1.18
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	218	253.25	63.25	316.50	1.45
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1043	246.75	265.25	512.00	0.49
Plastic	218	381.50	109.00	490.50	2.25
Podiatry	967	1,139.25	283.75	1423.00	1.47
Thoracic	0	0.00	0.00	0.00	0.00
Urology	55	79.75	13.00	92.75	1.69
TOTAL	3221	3,067.75	1,111.25	4179.00	1.30

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 188 of 282 1/7/2014

	URGICAL TRE	ATMENT OF	ERT ROTTLE 2012		AWN ENDOSCOP			DAK LAWN	
eference Num	bers	Facility Id 70	002603		Number of Opera	ting Rooms		0	
Health Service A	Area 007	Planning Se	rvice Area 031		Procedure Rooms	S		2	
AK LAWN END	OSCOPY				Exam Rooms			0	
921 SOUTHWE	ST HIGHWAY				Number of Recov	ery Stations Stad	ge 1	6	
OAK LAWN, IL					Number of Recov			2	
dministrator			Date Complete						
Wayne Lue, N	4 D		2/11/2013		Type of Ownersh				
wayne Luc, i	vi.D.		2/11/2010		Limited Liability C	ompany (RA req	uired)		
egistered Age	nt				HOSPI	TAL TRANSFER	REI ATIONS	HIPS	
Steven Harris	i				HOSPITAL NAME NUMBER OF PATIENTS				
roperty Owner					ADVOCATE CHR			3	
and Owner(s)					AB VOOM E ON		ZIVIZIV	0 0	
egal Owner(s)								0	
WAYNE LUE						TAFFING PATTI	EDNG		
VINCENT MUS					PERSONNEL	_	LL-TIME EQU	IVALENTS	
THOMAS ARNE	DΤ					1 01			
SAMIR PATEL					Administrator Physicians			0.00 0.00	
MAHIR MAJMU	NDAR				Nurse Anesthetis	te		0.00	
KAMRAN AYUE	3				Director of Nurse			0.00	
JEFFREY PORT				Registered Nurse			6.00		
DOUGLAS LEE					Certified Aides	•	0.00		
CHARLES BER	KELHAMMER				Other Health Prof	s.		0.00	
BRIAN BLUMEN					Other Non-Health			3.00	
51 (I) (I V DEGIVIE)	10121				TOTAL			9.00	
					DAYS	AND HOURS O	E OPERATIO	N	
					Monday	AND HOOKO O	1 OI LIVATIO	10	
					Tuesday			10	
					Wednesday			10	
					Thursday			10	
					Friday			10	
					Saturday			10	
					Sunday			0	
NUMB	ER OF PATIEN	NTS BY AGE GF	ROUP		NUMBER OF PA	ATIENTS BY PR	IMARY PAYN	IENT SOURCE	
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU	RCE MALE	FEMALE	TOTAL	
0-14 years	1	1	2		Medicaid	1	_	7	
15-44 years	338	469	807		Medicare	473	723	1,196	
45-64 years	1,198	1,840	3,038		Other Public	0	0	2.006	
65-74 years	416	602	1,018		Insurance	1,613	2,383	3,996	
75+ years	182	240	422		Private Pay Charity Care	47 1	36 4	83 5	
TOTAL	2,135	3,152	5,287		TOTAL	2,135	3,152	5,287	
						_, . 00	5,.32	-,	
		NE	T REVENUE BY PA	AYOR SOU	RCE FOR FISCAL	YEAR			
							Charity	Charity Care	
Medicare	Medi	caid Other	Public Private In	surance	Private Pay	TOTALS	Care	Expense as % of	
		0.0%	0.0%	79.0%	8.5%	100.0%	Expense	Total Net Revenue	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 189 of 282

3,038,755

326,801

3,845,761

1,500

478,503

1,702

0

0%

1/7/2014

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5287	3084	1762.5	4846.5	0.92
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5287	3084	1762.5	4846.5	0.92

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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			000550		N 1 (0	<i>i</i> : 5		_	
Reference Number		,	002553	- 004	Number of Oper	-		5	
Health Service Ar		Planning Se	ervice Area	a 031	Procedure Room	ns		0	
DRLAND PARK S		NIER, LLC			Exam Rooms			0	
9550 WEST 167T						very Stations Stage		0	
ORLAND PARK, I	L 60467				Number of Reco	very Stations Stage	e 2	0	
Administrator				omplete	Type of Owners	ship			
Erika Horstmar	nn		2/	25/2013		Company (RA requ	ired)		
Registered Agent					HOSI	PITAL TRANSFER	RELATIONS	HIPS	
STEVE WARD	ELL				HOSPITAL NAM	ΛE	NUMBI	ER OF PATIL	ENTS
Property Owner					SILVER CROSS	HOSPITAL NEW	/ LENOX, ILI	INOIS	0
ADVOCATE M	EDICAL GRO	DUP			PROVENA SAII	NT JOESPH JOLII JNITY HOSPITAL F	ET, ILLINOIS	3	1 0
egal Owner(s)									0 0
SCOTT GLASER						STAFFING PATTE	RNS		
PHILLIP KOOIKE					PERSONNEL		L-TIME EQU	IVALENTS	
PARKVIEW ORT	HUPEDIC				Administrator	. 32		0.00	
NEERAJ JAIN					Physicians			0.00	
JERRY CHOW	_				Nurse Anesthet	ists		0.00	
HENRY FUENTE	S				Director of Nurs			1.00	
ELIGIUS LELIS					Registered Nurs	ses		4.40	
BRIAN FARRELL	-				Certified Aides			0.00	
					Other Health Pr	ofs.		2.80	
					Other Non-Heal	th Profs		3.00	
					TOTAL			11.20	
						S AND HOURS OF	OPERATIO	N	_
					Monday			11	
					Tuesday			11	
					Wednesday			11	
					Thursday			11	
					Friday Saturday			11 0	
					Sunday			0	
NUMBE	R OF PATIEN	NTS BY AGE G	ROUP		•	PATIENTS BY PRII	MARY PAYN		CE
AGE	MALE	FEMALE	TOTA		PAYMENT SO	URCE MALE	FEMALE	TOTAL	_
0-14 years	13	9		22	Medicaid	6	9	15	
15-44 years	182	198		80	Medicare	335	593	928	
45-64 years	460	567	1,02		Other Public	2	2	4 244	
65-74 years	170	284		54	Insurance Private Pay	610	701	1,311	
75+ years	132	250		82	Private Pay	4	3	7	
TOTAL	957	1,308	2,26	o5	Charity Care TOTAL	957		2,265	_
					TOTAL	957	1,308	2,265	
		NE	T REVEN	NUE BY PAYOR	SOURCE FOR FISCAL	YEAR			
							Charity	Charity (
Medicare	Medi	caid Othe	r Public	Private Insuran	ce Private Pay	TOTALS	Care	Expense a	
8.3%	().2%	0.0%	87.	1% 4.3%	100.0%	Expense	Total Net R	evenue
						7,404,099			0%

FACILITY NOTES

12-028 7/23/2012 Received permit for change of ownership.

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	333	140.00	166.50	306.50	0.92
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	473	103.25	187.50	290.75	0.61
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	550	320.00	269.00	589.00	1.07
Otolaryngology	17	5.75	8.50	14.25	0.84
Pain Management	823	109.75	262.50	372.25	0.45
Plastic	52	17.75	26.00	43.75	0.84
Podiatry	7	4.25	3.50	7.75	1.11
Thoracic	0	0.00	0.00	0.00	0.00
Urology	10	4.50	5.00	9.50	0.95
TOTAL	2265	705.25	928.50	1633.75	0.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 192 of 282 1/7/2014

eference Num	bers	Facility Id 70	002470		Number of Operating Ro	oms		3	
Health Service	Area 007	Planning Se	rvice Area	031	Procedure Rooms			2	
PALOS SURGIO	CENTER, LLC	· ·			Exam Rooms			0	
340 W. COLLE	GE DRIVE				Number of Recovery Sta	tions Stage	e 1	5	
PALOS HEIGHT					Number of Recovery Sta	_		16	
Administrator			Date Cor	nplete	Type of Ownership				
Thomas Hole	ecek		2/15	/2013	Corporation (RA required	l)			
Registered Age	ent				HOSPITAL TR	RANSFER	RELATIONSH	IPS	
The St. georg	ge Corp				HOSPITAL NAME		NUMBER	R OF PATIENT	
Property Owne	r				Palos Community Hospit	al			
egal Owner(s)									
St. George Cor					STAFFIN	NG PATTE	RNS		
Scott Glaser, M					PERSONNEL	_	-TIME EQUIV	'AI FNTS	
Renata Variako	-				Administrator	. 011	LQOIV	1.00	
Regent Surgica					Physicians			0.00	
Regent Investment Management				Nurse Anesthetists		0.00			
PSC, LLC				Director of Nurses		1.00			
Parkview Muscukoskelton					Registered Nurses		10.00		
ORMED				Certified Aides			1.00		
Metalmark Grou	mark Group Two,LLC			Other Health Profs.	Other Health Profs.				
Kevin Dolehide					Other Non-Health Profs			8.25	
Duane Brann, [DPM				TOTAL			28.25	
Babu Ponakala	, M.D.				DAYS AND F	IOURS OF	OPERATION		
					Monday		<u> </u>	11	
					Tuesday			11	
					Wednesday			11	
					Thursday			11	
					Friday			11	
					Saturday			0	
					Sunday			0	
AGE	MALE	ENTS BY AGE G	TOTAL		NUMBER OF PATIENT PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	1VIALE 4	FEMALE 4	101AL 8		Medicaid	0	0	0	
15-44 years	288	257	o 545		Medicare	773	1,403	2,176	
45-64 years	690	824	1,514		Other Public	0	0	0	
65-74 years	391	690	1,081		Insurance	999	1,106	2,105	
75+ years	406	737	1,143		Private Pay	7	3	10	
TOTAL	1,779	2,512	4,291		Charity Care	0	0	0	
	, -	,-	, 31		TOTAL	1,779	2,512	4,291	
		NE	T REVENU	E BY PAY	OR SOURCE FOR FISCAL YEAR				
							Charity	Charity Care	

Charity Care Charity Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 28.0% 0.0% 0.0% 71.4% 0.6% 100.0% 1,545,125 3,937,272 34,749 0% 0 0 5,517,146 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 193 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	37	2.00	66.00	68.00	1.84
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1074	344.75	268.00	612.75	0.57
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	414	276.00	241.00	517.00	1.25
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	1337	182.00	178.00	360.00	0.27
Plastic	167	111.00	38.00	149.00	0.89
Podiatry	58	55.00	16.00	71.00	1.22
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3087	970.75	807.00	1777.75	0.58

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	1204	336	200	536	0.45
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1204	336	200	536	0.45

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 194 of 282 1/7/2014

Reference Numbe	ers	Facility Id 70	003080	Number of Operating Rooms		3		
Health Service Are		Planning Se		Procedure Rooms		1		
RAVINE WAY SUF		0		Exam Rooms		0		
350 RAVINE WA		,		Number of Recovery Stations Stage 1 6				
SLENVIEW, IL 60				Number of Recovery Stations Stage		8		
·			Data Camplata		-	-		
dministrator	امماما		Date Complete 2/15/2013	Type of Ownership				
Melody Winter-	Jabeck		2/15/2013	Limited Liability Company (RA requi	red)			
Registered Agent				HOSPITAL TRANSFER I	DEI ATIONEU	ine		
CT Corporation				HOSPITAL NAME		R OF PATIENTS		
Property Owner	,							
Glenview Ravin	ne Way, LLC			NorthShore University HealthSyster	ns, Gienview	10 0		
	7,					0		
egal Owner(s)						0		
egai Owner(s)						0		
Ravine Way Partn				STATEING BATTE	PNG			
NorthShore Unive	rsity HealthS	ystem			STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS			
				Administrator		1.00		
				Physicians		0.00		
				Nurse Anesthetists		0.00		
				Director of Nurses		1.00		
				Registered Nurses		10.30		
				Certified Aides		0.00		
				Other Health Profs.		5.00		
				Other Non-Health Profs		5.90		
				TOTAL		23.20		
				DAYS AND HOURS OF	OPERATION			
				Monday		10		
				Tuesday		10		
				Wednesday		10		
				Thursday		10		
				Friday		10		
				Saturday		0		
				Sunday		0		
NUMBE	R OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENTS BY PRIM	MARY PAYME			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE MALE	FEMALE	TOTAL		
0-14 years	2	0	2	Medicaid 0	0	0		
15-44 years	211	164	375	Medicare 110	200	310		
45-64 years	666	785	1,451	Other Public 2	3 774	5 1.552		
65-74 years 75+ years	11 4	20 9	31 13	Insurance 778 Private Pay 4	774 1	1,552 5		
LUT VEGIS	4			Charity Care 0	0	0		
	894	978	1,872	TOTAL 894	978	1,872		
TOTAL								
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR				
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR	Charity	Charity Care		
	Medi		T REVENUE BY PAY		•	Charity Care Expense as % of		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 195 of 282

7,212,151

15,861

7,600,302

0

363,997

0

8,294

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1872	2,377.00	449.00	2826.00	1.51
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1872	2,377.00	449.00	2826.00	1.51

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY S	SURGICAL TR	EATMENT CEN	TER PROFILE-2012	REGENERATIVE SURGICAL CE	ENTER	D	ES PLAINES
eference Num	bers	Facility Id 7	001803	Number of Operating Ro	oms		3
Health Service	Area 007	Planning Se	ervice Area 031	Procedure Rooms			0
EGENERATIV	E SURGICAL	_		Exam Rooms			1
455 GOLF ROA	AD			Number of Recovery Sta	tions Stage	e 1	5
ES PLAINES,		3		Number of Recovery Sta	_		3
dministrator			Date Complete	•	· ·		
Lowell Scott	Wail Sr		3/8/2013	Type of Ownership			
LOWEII SCOIL	Well Si		3/0/2013	Limited Liability Partners	hip (RA red	quired)	
egistered Age	ent			HOSPITAL TE	RANSFER	REI ATIONS	HIPS
Lowell Scott	Weil Sr			HOSPITAL NAME	VAINOI EIV		ER OF PATIENTS
roperty Owner	r			Northwest Community, A	Arlington Ht		0
Kerry Levine				Northwest Community, A	Annigion i ii	5, IL	0
egal Owner(s)							0
Wendy Benton-	Weil DPM			etarrii	NC DATTE	DNG	v
_owell Scott We				PERSONNEL	NG PATTE	RNS TIME EQU	IVAI ENTS
_owell Scott We					I OLI	- THVIL LQU	
Gregory Amara	ntos DPM			Administrator Physicians			1.00 0.00
				Nurse Anesthetists			0.00
				Director of Nurses			1.00
				Registered Nurses			4.00
				Certified Aides			1.00
				Other Health Profs.			4.00
				Other Non-Health Profs			2.00
				TOTAL			13.00
				DAYS AND I	HOURS OF	OPERATIO	N
				Monday			10
				Tuesday			10
				Wednesday			10
				Thursday			10
				Friday			10
				Saturday			5
				Sunday			0
NUME	BER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENT	rs by Prii	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	7	9	16	Medicaid	2	9	11
15-44 years	84	192	276	Medicare	81	178	259
45-64 years	128	443	571	Other Public	0 225	0 655	0
65-74 years	64 26	151 51	215 77	Insurance Private Pay	225 1	655 4	880 5
75+ years TOTAL				Charity Care	0	0	0
TOTAL	309	846	1,155	TOTAL	309	846	1,155
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR			
						Charity	Charity Care
Medicare	e Med	licaid Othe	r Public Private Insu	rance Private Pay TOT	ALS	Care	Expense as % of
16.0%		0.3%	0.0%	•	0.0%	Expense	Total Net Revenu

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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1,767,746

307,978

2,480,138

0

0

396,015

8,400

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	95	82.25	38.75	121.00	1.27
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	96	12.25	39.50	51.75	0.54
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	964	553.50	404.50	958.00	0.99
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1155	648.00	482.75	1130.75	0.98

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development 1/7/2014

MBULATORY S	URGICAL TR	EATMENT CEN	TER PROFILE-	2012 SOUT	HWESTERN MEDI	ICAL CENTER, LI	_C E	BEDFORD PARK
eference Numb	pers	Facility Id 7	003159		Number of Opera	ating Rooms		3
Health Service A	Area 007	Planning S	ervice Area 03	1	Procedure Room	ıs		0
OUTHWESTER	RN MEDICAL	CENTER, LLC			Exam Rooms			1
456 SOUTH ST	ATE ROAD, S	STE 300			Number of Recov	very Stations Stag	e 1	21
EDFORD PARK	K, IL 60638					very Stations Stag		0
dministrator			Date Comple	ete				
Karolynn Kue	cker, RN, MS		2/27/20		Type of Owners Limited Liability (h ip Company (RA requ	uired)	
egistered Ager	nt				HOSP	ITAL TRANSFER	REI ATIONS	HIPS
Horwood, Mar	cus and Berk	, Cht			HOSPITAL NAM	_		ER OF PATIENTS
roperty Owner						ı∟ of Mary Hospital, E		
Bedford Medic					Little Company C	n Mary Hospital, E	vergreen Far	0
								0
egal Owner(s)								0
								0
SW Equity Holdi	•					STAFFING PATTE	RNS	
Richard Foulkes	, MD				PERSONNEL		.KN3 .L-TIME EQU	IVAI ENTS
Raj Goyal, MD						FUL	L-THVIE EQU	
Neerja Jain, MD					Administrator			1.00 0.00
lohn Sonnenber	g, MD				Physicians Nurse Anesthetis	ete		0.00
lohn McClellan,	MD				Director of Nurse			1.00
lay Kiokemeiste	r, DO				Registered Nurs			4.80
George Dangles	, MD				Certified Aides	00		2.50
0 0					Other Health Pro	ofs.		3.30
					Other Non-Healt			3.60
					TOTAL			16.20
					DAY	S AND HOURS O	F OPERATIO	N
					Monday	D AND HOOKO O	OI ERAIIO	10
					Tuesday			10
					Wednesday			10
					Thursday			10
					Friday			10
					Saturday			0
					Sunday			0
		NTS BY AGE G				PATIENTS BY PRI		
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL		FEMALE	TOTAL
0-14 years	4	0	4		Medicaid	13	26	39
15-44 years	102	198	300		Medicare	524	945	1,469
45-64 years	255	379	634		Other Public	0	0	0
65-74 years	267	430	697		Insurance	399	652	1,051
75+ years	327	649	976		Private Pay	19	32	51 1
TOTAL	955	1,656	2,611		Charity Care TOTAL	955	1,656	<u>1</u> 2,611
							.,	,
		N	ET REVENUE B	Y PAYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	dicaid Othe	r Public Priva	te Insurance	Private Pay	TOTALS	Care	Expense as % of
		0.3%			•		Expense	Total Net Revenue

2,654,932

53,574

3,827,676

0

1,107,572

11,598

0%

2,454

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	107	48.25	53.50	101.75	0.95
General Surgery	9	20.25	9.00	29.25	3.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	3	6.00	3.00	9.00	3.00
OB/Gynecology	112	50.50	56.00	106.50	0.95
Ophthalmology	1825	912.50	365.00	1277.50	0.70
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	98	73.50	98.00	171.50	1.75
Otolaryngology	2	11.00	1.00	12.00	6.00
Pain Management	402	201.00	80.00	281.00	0.70
Plastic	5	7.50	2.50	10.00	2.00
Podiatry	47	47.00	23.50	70.50	1.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1	0.50	0.50	1.00	1.00
TOTAL	2611	1,378.00	692.00	2070.00	0.79

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 200 of 282 1/7/2014

	_						_	
eference Numbers		,	001860	Number of Operating Ro	oms		8	
Health Service Area	007	Planning Se	ervice Area 043	Procedure Rooms			4	
HE CENTER FOR SU	JRGERY			Exam Rooms			14	
75 E. DIEHL ROAD				Number of Recovery Sta			2	
IAPERVILLE, IL 6056	3-1253			Number of Recovery Sta	tions Stage	2	13	
Administrator			Date Complete	Type of Ownership				
Anthony J. Fato			2/28/2013	Limited Partnership (RA	required)			
				Elithica Farthership (NA	required)			
Registered Agent				HOSPITAL TR	ANSFER F	RELATIONS	HIPS	
Raymond Dieter, Jr	., M.D.			HOSPITAL NAME		NUMBI	R OF PATIEN	NTS
Property Owner				Central DuPage Hospital				1
				Edward Hospital				4
								0
.egal Owner(s)								0
Eshward Haarital								0
Edward Hospital DuPage Doctors, L.P.				STAFFIN	IG PATTER	RNS		
Durage Doctors, L.r. Cadence				PERSONNEL	FULL	-TIME EQU	IVALENTS	
Cauence				Administrator			1.00	
				Physicians			0.00	
				Nurse Anesthetists			0.00	
				Director of Nurses			1.00	
				Registered Nurses			26.00	
				Certified Aides			0.00	
				Other Health Profs.			15.00	
				Other Non-Health Profs			14.00	
				TOTAL			57.00	
				DAYS AND H	IOURS OF	OPERATIO	N	
				Monday			10	
				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday			10	
				Saturday			0	
				Sunday			0	_
NUMBER O	F PATIENT	S BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	MARY PAYM	ENT SOURCE	Ξ
AGE MA	LE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	78	295	473	Medicaid	31	52	83	
•	' 01	867	1,568	Medicare	640	1,121	1,761	
45-64 years 8	881	986	1,867	Other Public	98	110	208	
•	510	812	1,322	Insurance	1,534	1,907	3,441	
<u>*</u>	227	422	649	Private Pay	170	161	331	
TOTAL 2,4	197	3,382	5,879	Charity Care	24	31	55	
				TOTAL	2,497	3,382	5,879	
								_
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR				
			r Public Private In	surance Private Pay TOTA		Charity Care	Charity Ca	are % c

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 201 of 282

88.8%

9,651,002

3.0%

322,000

100.0%

10,868,002

7.1%

770,000

0.2%

20,000

1.0%

105,000

Total Net Revenue

0%

Expense

35,000

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	447	375.00	68.25	443.25	0.99
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	276	189.00	44.25	233.25	0.85
Ophthalmology	1444	701.50	321.00	1022.50	0.71
Oral/Maxillofacial	22	14.25	4.00	18.25	0.83
Orthopedic	396	350.50	60.50	411.00	1.04
Otolaryngology	709	556.75	103.50	660.25	0.93
Pain Management	1083	665.00	179.25	844.25	0.78
Plastic	87	82.00	16.00	98.00	1.13
Podiatry	305	269.75	59.00	328.75	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	25	19.50	4.75	24.25	0.97
TOTAL	4794	3,223.25	860.50	4083.75	0.85

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

	PROCEDURE	TOTAL	SURGERY	PREP AND CLEAN-UP	TOTAL SURGERY	AVERAGE CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	1045	600.25	150.25	750.5	0.72
Laser Eye	1	40	28.75	8.25	37	0.93
Pain Management	0	0	0	0	0	0.00
TOTALS	4	1085	629	158.5	787.5	0.73

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 202 of 282 1/7/2014

Health Service Area 007 Planning Service Area 031 HE GLEN ENDOSCOPY CENTER 551 COMPASS ROAD, SUITE 115 SILENVIEW, IL 60026 60 Idministrator Date Complete 60 Beth Mara 2/28/2013 Registered Agent National Registered Agents Inc Property Owner Aug Five LP Pegal Owner(S) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Karen Sable Dr. John Vainder Dr. John Vainder Dr. John Vainder Dr. John Vainder Dr. Douglas Adler Dr. Alan Shapiro AmSurg AmSurg AmSurg AmSurg	STAPERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health ProtAL	y Stations y Stations mpany (R AL TRANS Glenvie	s Stage s Stage RA requii	2 red) RELATIONS NUMBI	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	TS 5 0 0 0
### STATE	STA PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health ProTAL Monday Tuesday Wednesday Thursday	y Stations mpany (R AL TRAN Glenvie	s Stage A requii SFER F Ew, IL PATTEF FULL	red) RELATIONS NUMBI	0 0 0 8HIPS ER OF PATIENT 0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Administrator Date Complete	STAPERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	y Stations mpany (R AL TRAN Glenvie	s Stage A requii SFER F Ew, IL PATTEF FULL	red) RELATIONS NUMBI	0 SHIPS ER OF PATIENT 0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Multiple Mar	STAPERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	y Stations mpany (R AL TRAN Glenvie	s Stage A requii SFER F Ew, IL PATTEF FULL	red) RELATIONS NUMBI	SHIPS ER OF PATIENT 0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Registered Agent National Registered Agents Inc Property Owner Aug Five LP Legal Owner(s) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	HOSPITAL HOSPITAL NAME STA PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Director Health Profs. Dither Non-Health Profs. Dither Non-Health ProfAL Monday Tuesday Wednesday Thursday	AL TRANGE	PATTEF	RELATIONS NUMBI	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Registered Agent National Registered Agents Inc Property Owner Aug Five LP Legal Owner(s) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. John Vainder Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 66-74 years 436 533 969 75+ years 205 265 470	HOSPITAL HOSPITAL NAME STA PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Director Health Profs. Dither Non-Health Profs. Dither Non-Health ProfAL Monday Tuesday Wednesday Thursday	AL TRANGE	PATTEF	RELATIONS NUMBI	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
National Registered Agents Inc Property Owner Aug Five LP Legal Owner(s) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	STAPERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Glenvie	PATTER FULL	NUMBI	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Property Owner Aug Five LP Legal Owner(s) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	STAPERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Glenvie	PATTER FULL	NUMBI	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	5 0 0
Aug Five LP Legal Owner(s) Dr. Ronald Bloom Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	STA PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	AFFING F	PATTEF FULL	-TIME EQU	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	0 0 0
Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	FULL	-TIME EQU	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	0
Dr. Nina Merel Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	PERSONNEL Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	FULL	-TIME EQU	0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	
Dr. Leela Prasad Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Administrator Physicians Nurse Anesthetists Director of Nurses Registered Nurses Dertified Aides Other Health Profs. Other Non-Health ProfAL DAYS A Monday Tuesday Wednesday Thursday	Profs			0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	
Dr. Kenneth Chi Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health ProTAL DAYS A Monday Tuesday Wednesday Thursday	Profs			0.00 0.00 0.00 1.00 3.00 0.00 3.00 2.00 9.00	
Dr. Karen Sable Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Physicians Nurse Anesthetists Director of Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health ProTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	JRS OF	OPERATIO	0.00 0.00 1.00 3.00 0.00 3.00 2.00	
Dr. John Vainder Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Director of Nurses Registered Nurses Registered Nurses Certified Aides Other Health Profs. Other Non-Health ProTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	IRS OF	OPERATIO	1.00 3.00 0.00 3.00 2.00 9.00	
Dr. Jeffrey Jacobs Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Registered Nurses Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	IRS OF	OPERATIO	3.00 0.00 3.00 2.00 9.00	
Dr. Jan Faibisoff Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Certified Aides Other Health Profs. Other Non-Health P TOTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	IRS OF	OPERATIO	0.00 3.00 2.00 9.00	
Dr. Douglas Adler Dr. Alan Shapiro AmSurg NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Other Health Profs. Other Non-Health ProTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	IRS OF	OPERATIO	3.00 2.00 9.00	
NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Dther Non-Health POTAL DAYS A Monday Tuesday Wednesday Thursday	Profs	IRS OF	OPERATIO	9.00	
NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	DAYS A Monday Tuesday Wednesday Thursday		IRS OF	OPERATIO	9.00	
NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Monday Tuesday Wednesday Thursday	AND HOU	IRS OF	OPERATIO	on .	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Tuesday Wednesday Thursday					
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Wednesday Thursday				9	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Thursday				9	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	•				9	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	rnuay				9	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Saturday				9 0	
AGE MALE FEMALE TOTAL 0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Sunday				0	
0-14 years 0 0 0 15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE					
15-44 years 204 251 455 45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	PAYMENT SOUR	CE M	//ALE	FEMALE	TOTAL	
45-64 years 1,070 1,224 2,294 65-74 years 436 533 969 75+ years 205 265 470	Medicaid		5	21		
65-74 years 436 533 969 75+ years 205 265 470	Medicare		537	708		
75+ years 205 265 470	Other Public		0	0		
	Insurance Private Pay	1	1,360	1,527		
TOTAL 1,910 2,2/3 4,188	Private Pay Charity Care		13 0	17 0		
	TOTAL	1	1,915	2,273		
NET REVENUE BY PAYOR SOURCE						_
Medicare Medicaid Other Public Private Insurance	E FOR FISCAL YE	EAR		Charity	Charity Car	re

FACILITY NOTES

4,597,929

E-005-12 10/30/2012 Received permit for change of ownership.

94,833

26,147

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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9,957,763

48,294

14,724,966

0

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	3	4188	2861	0	2861	0.68
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	4188	2861	0	2861	0.68

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Num	bers	Facility Id 70	002652	Number of Operating Ro	oms		4	
Health Service	Area 007	Planning Se	rvice Area 031	Procedure Rooms		1		
TINLEY WOODS	SURGERY	CENTER		Exam Rooms			6	
18200 S. LAGRA	ANGE ROAD			Number of Recovery Sta	tions Stage	1	8	
ΓINLEY PARK, Ι	L 60477			Number of Recovery Sta	tions Stage	2	8	
Administrator			Date Complete	Type of Ownership				
Ronald Ladni	ak		2/27/2013	Limited Liability Company	y (RA requir	ed)		
Registered Age	nt			HOSPITAL TR	ANSFER R	ELATIONSHI	PS	
Midwest Surg	jical Manager	ment		HOSPITAL NAME			OF PATIENTS	
Property Owner	•			Advocate Christ Hospital	. Oak Lawn		4	
				Ingalls Memorial Hospita				
							(
_egal Owner(s)							(
Eric W. Johnsto	ın						(
Advanced Pain		sia Consultants		STAFFIN	IG PATTER	NS		
Luis E. Ugarte	ana Ancoules	na Consultants		PERSONNEL	FULL:	TIME EQUIV	ALENTS	
Leah R. Urbano	skv			Administrator			0.00	
Lawrence Boyse				Physicians	0.00			
Ken Finkelstein				Nurse Anesthetists			0.00	
Joseph P. Gavron							0.00	
•				3			12.30	
John N. Defranco				Other Health Profs.			0.00	
Jae H. Kim	D	1.0					5.20 5.15	
Hite/Hass Famil		, LP		Other Non-Health Profs TOTAL 2				
Michael A. Devi				TOTAL			22.65	
Evangelical Ser	vices Corpora	ation		DAVE AND L	IOURS OF	ODEDATION		
Michael Durkin				Monday	IOURS OF	OPERATION	11	
Emil Zager And Others				Tuesday			11	
				Wednesday			11	
				Thursday			11	
				Friday			11	
				Saturday			0	
				Sunday			0	
NUME	ER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	249	208	457	Medicaid	0	0	1,000	
15-44 years	417 504	675	1,092	Medicare Other Public	374 3	635 5	1,009 8	
45-64 years 65-74 years	594 269	866 437	1,460 706	Insurance	3 1,320	5 1,830	3,150	
75+ years	185	358	543	Private Pay	1,320	74	91	
TOTAL	1,714	2,544	4,258	Charity Care	0	0	0	
. 517.12	1,717	2,077	7,200	TOTAL	1,714	2,544	4,258	

Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 9.6% 0.0% 1.8% 86.5% 2.2% 100.0% 616,864 115,966 5,566,112 139,311 0% 0 6,438,253 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	10	6.00	3.00	9.00	0.90
Dermatology	157	236.00	118.00	354.00	2.25
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	205	148.00	74.00	222.00	1.08
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	354	202.00	101.00	303.00	0.86
OB/Gynecology	294	197.00	98.50	295.50	1.01
Ophthalmology	1017	554.00	277.00	831.00	0.82
Oral/Maxillofacial	256	268.00	134.00	402.00	1.57
Orthopedic	712	694.00	347.00	1041.00	1.46
Otolaryngology	307	128.00	64.00	192.00	0.63
Pain Management	59	10.00	5.00	15.00	0.25
Plastic	67	103.00	51.50	154.50	2.31
Podiatry	150	168.00	84.00	252.00	1.68
Thoracic	3	2.00	1.00	3.00	1.00
Urology	28	16.00	8.00	24.00	0.86
TOTAL	3619	2,732.00	1,366.00	4098.00	1.13

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	639	381	190.5	571.5	0.89
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	639	381	190.5	571.5	0.89

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 206 of 282 1/7/2014

MBULATORY SUR	GICAL TREATI	MENT CENTER PRO	OFILE-2012 UN	ITED UROLOGY CENT	ERS, LLC	L	A GRANGE
Reference Numbers	Fac	ility Id 7003158		Number of Operati	ng Rooms		1
Health Service Area	007	Planning Service Are	a 031	Procedure Rooms			0
JNITED UROLOGY				Exam Rooms			0
20 NORTH LA GRA		-		Number of Recove	ry Stations Stan	<u> </u>	2
				Number of Recove			2
A GRANGE, IL 605	DZJ			Number of Recove	ry Stations Stag	5	۷
Administrator			Complete	Type of Ownershi	n		
F. Bruce Cohen		2	/15/2013	Limited Liability Co	-	irod)	
				Limited Liability Co	ınpany (KA requ	iii e u)	
Registered Agent				HOSPIT	AL TRANSFER	RFI ATIONS	HIPS
F Bruce Cohen				HOSPITAL NAME	, <u> </u>		ER OF PATIENTS
Property Owner					al Haspital	INCINIDI	0 LK OF FATILITIS
Kidney Stone Rea	al Estate			LaGrange Memoria	מו וזטטטונמו		0
							0
agal Owner(a)							0
egal Owner(s)							0
Urological Stone Su	rgeons			67	AEEING DATT	DNC	
Mark Rubentein					AFFING PATTE		IV/ALENTO
Donald Norris				PERSONNEL	FUL	L-TIME EQU	
Central Iowa Lithotri	psy			Administrator			1.00
	. ·			Physicians			0.00
				Nurse Anesthetists			0.00
				Director of Nurses			0.00
				Registered Nurses	3		3.00
				Certified Aides			2.00
				Other Health Profs			2.00
				Other Non-Health			
				TOTAL			10.00
				DAYS	AND HOURS OF	OPERATIO	N
				Monday			12
				Tuesday			12
				Wednesday			12
				Thursday			12
				Friday			12
				Saturday			5
				Sunday			0
NUMBER	OF PATIENTS	BY AGE GROUP		NUMBER OF PA	TIENTS BY PRI	MARY PAYN	IENT SOURCE
AGE M	MALE FE	EMALE TOTA	NL	PAYMENT SOUR	RCE MALE	FEMALE	TOTAL
0-14 years	0	1	1	Medicaid	32	67	99
15-44 years	159	167 3	26	Medicare	270	122	392
45-64 years	369		12	Other Public	0	1	1
65-74 years	188		73	Insurance	495	335	830
75+ years	98	39 1	37	Private Pay	11	5	16
TOTAL	814	535 1,3	49	Charity Care	6	5	11
		.,0		TOTAL	814	535	1,349
		NET REVE	NUE BY PAYOR S	OURCE FOR FISCAL Y	EAR	Q1 -:	Q1 : -
						Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	,	TOTALS	Care	Expense as % of
40.00/	0.9%	0.6%	74.0%	5.2%	100.0%	Expense	Total Net Revenue
19.3%	0.070		7 1.0 / 0	0.270	100.070		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 207 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	1349	2,023.50	674.50	2698.00	2.00
TOTAL	1349	2,023.50	674.50	2698.00	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 208 of 282 1/7/2014

Reference Num	bers	Facility Id 70	002587	Number of Operating Ro	oms		4
Health Service	Area 007	Planning Se	ervice Area 043	Procedure Rooms			0
WESTMONT SU	IRGERY CEN	-		Exam Rooms			6
30 NORTH CAS	SS AVENUE			Number of Recovery Sta	tions Stage	e 1	8
WESTMONT, IL	60559-9952			Number of Recovery Sta	_		8
Administrator			Date Complete				
Ronald Ladni	ak		2/27/2013	Type of Ownership			
rtoriaid Eddin	an.			Limited Liability Compan	y (RA requi	ired)	
Registered Age	nt			HOSPITAL TR	ANGEED	DEI ATIONGL	IDS
-	ical Managem	nent		HOSPITAL NAME	KANSFER		R OF PATIENT
Property Owner	•			Good Samaritan Hospita	I Downore		COLL ATIEN
GM Property				Good Samantan Hospita	ii, Downers	Glove	
_egal Owner(s)							
David J. Tulipan	l			STAFFIN	NG PATTEI	RNS	
Andrew Kim				PERSONNEL	FULL	-TIME EQUIV	/ALENTS
Leah Urbanosky				Administrator			0.00
Lawrence Liebe				Physicians			0.00
Kenneth L. Schi	ffman			Nurse Anesthetists			0.00
Kamal Ibrahim				Director of Nurses	0.00		
Matthew J. Bue	che			Registered Nurses			11.90
Giridhar Burra				Certified Aides 1.00			1.00
Michael Durkin				Other Health Profs. 3.60			
Dalip Pelinkovic				Other Non-Health Profs			4.80
Dale J. Buranos	ky			TOTAL			21.30
Brian Murphy							
Brian Lindell					OURS OF	OPERATION	
Bradley Dworsky And Others	у			Monday			11
And Others				Tuesday			11
				Wednesday			11
				Thursday			11 11
				Friday Saturday			0
				Sunday			0
NUMB	ER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	MARY PAYME	NT SOURCE
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	48	43	91	Medicaid	0	0	0
15-44 years	583	429	1,012	Medicare	310	579	889
45-64 years	829	871	1,700	Other Public	1	1	2
65-74 years	243	336	579	Insurance	1,503	1,370	2,873
75+ years	117	277	394	Private Pay	6	6	12
TOTAL	1,820	1,956	3,776	Charity Care	1 020	1.056	0 776
				TOTAL	1,820	1,956	3,776
		NE	T REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR			
						Charity	Charity Car

Charity **Charity Care** Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 10.7% 0.0% 0.0% 89.1% 0.3% 100.0% 1,414 14,725 0% 619,537 0 5,177,087 5,812,763 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 209 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	47	25.00	12.50	37.50	0.80
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	10	4.00	2.00	6.00	0.60
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1411	418.00	209.00	627.00	0.44
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1893	1,613.00	806.50	2419.50	1.28
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	229	41.00	20.50	61.50	0.27
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	186	158.00	79.00	237.00	1.27
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3776	2,259.00	1,129.50	3388.50	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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Tuesday Wednesday Thursday	3 0 0 0 0
Number of Recovery Stations Stage 1 Number of Recovery Stations Stage 1 Number of Recovery Stations Stage 2 Administrator Lori Callahan 2/28/2013 Registered Agent Lori Callahan Complete Complete Sherman Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Woodst	6 6 6 8 8 10 0 0 0 0
Administrator Date Complete Lori Callahan 2/28/2013 Type of Ownership Limited Liability Company (RA required) Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC Regional Complete State Holdings. LLC Regional Complete ARSC Real Estate Holdings. LLC Regional Complete State Holdings. LLC Regional Regional Complete State Holdings. LLC Regional Region	6 XTIENTS 3 0 0 0 0 0 0 0
Administrator Lori Callahan 2/28/2013 Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC All Departs Owner(s) Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC Registered Murses Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC Registered Murses Registered Murses Response Registered Nurses Response Registered Nurses Registered Nur	3 0 0 0 0
Lori Callahan 2/28/2013 Limited Liability Company (RA required) Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC Regal Owner(s) STAFFING PATTERNS PERSONNEL Administrator Physicians Onese Ageistered Nurses	3 0 0 0 0
Limited Liability Company (RA required) Registered Agent Lori Callahan Property Owner ARSC Real Estate Holdings. LLC Regal Owner(s) Staffing Patterns PERSONNEL FULL-TIME EQUIVALENT Administrator Physicians One Anesthetists Director of Nurses Other Health Profs. Certified Aides Other Health Profs. 2.8 Other Non-Health Profs. 2.8 Other Non-Health Profs. 3.4 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	3 0 0 0 0
Lori Callahan Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC Legal Owner(s) STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	3 0 0 0 0
Lori Callahan Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC Branch Hospital, Elgin Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Elgin STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 0.0 Registered Nurses 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	3 0 0 0 0
Property Owner ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC ARSC Real Estate Holdings. LLC BY STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.77 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thuesday Wednesday Thuesday Friday Saturday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	3 0 0 0 0
ARSC Real Estate Holdings. LLC Northern Illinois Medical Center - Hospital, McHen Memorial Hospital, Woodstock St. Joseph Hospital, Elgin STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0 0 0 0
Memorial Hospital, Woodstock St. Joseph Hospital, Elgin STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0 0 0
STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0 S 0
STAFFING PATTERNS	<u>S</u> 0
PERSONNEL FULL-TIME EQUIVALENT Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0
Administrator 1.0 Physicians 0.0 Nurse Anesthetists 0.0 Director of Nurses 0.0 Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0
Physicians	
Nurse Anesthetists 0.00 Director of Nurses 0.00 Registered Nurses 7.1 Certified Aides 0.00 Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Tuesday Wednesday Thursday Friday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	IJ
Director of Nurses 0.00 Registered Nurses 7.1 Certified Aides 0.00 Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
Registered Nurses 7.1 Certified Aides 0.0 Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP Registered Nurses 7.1 Certified Aides 0.0 One of the Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Tuesday Thursday Friday Saturday Sunday	
Certified Aides 0.00 Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
Other Health Profs. 2.8 Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
Other Non-Health Profs 4.8 TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
TOTAL 15.7 DAYS AND HOURS OF OPERATION Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
Monday Tuesday Wednesday Thursday Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0
Tuesday Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	
Wednesday Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	1
Thursday Friday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	11
Friday Saturday Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	11
Saturday Sunday NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOU	11
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOU	11
NUMBER OF PATIENTS BY AGE GROUP NUMBER OF PATIENTS BY PRIMARY PAYMENT SOL	0
0-14 years 91 102 193 Medicaid 10 14	24
	503
45-64 years 496 590 1,086 Other Public 0 0	0
65-74 years 179 222 401 Insurance 970 1,132 2,7	102
75+ years 89 102 191 Private Pay 27 8	35
TOTAL 1,232 1,432 2,664 Charity Care 0 0	0
TOTAL 1,232 1,432 2,6	664
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR	
	ty Care
8.6% 0.0% 0.0% 90.2% 1.2% 100.0% Expense Total Ne	ty Care e as % of t Revenue

55,726

4,728,822

0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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4,264,814

408,282

0

0

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	109	50.20	27.20	77.40	0.71
Ophthalmology	8	8.40	2.00	10.40	1.30
Oral/Maxillofacial	10	8.90	2.60	11.50	1.15
Orthopedic	1060	829.60	265.00	1094.60	1.03
Otolaryngology	326	165.00	81.60	246.60	0.76
Pain Management	286	19.30	71.60	90.90	0.32
Plastic	30	46.50	7.60	54.10	1.80
Podiatry	199	134.80	49.80	184.60	0.93
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2028	1,262.70	507.40	1770.10	0.87

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	636	159	148.4	307.4	0.48
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	636	159	148.4	307.4	0.48

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 212 of 282 1/7/2014

								_	
eference Number		,	3167	_	Number of Operat			2	
Health Service Ar		Planning Serv	vice Area 09)/	Procedure Rooms 1				
ARRINGTON PA	_	NE INSTITUTE			Exam Rooms 7				
00 Hart Road Ste					Number of Recovery Stations Stage 1 5				
arrington, IL 600)10				Number of Recove	ery Stations Stage	2	0	
dministrator			Date Comple	ete	Type of Ownersh	in			
Anna Kosmen 3/1/2013				13	Limited Liability Company (RA required)				
egistered Agent	t				HOODI		DEL ATIONO	LUDO	
DAVID HOCH						ΓAL TRANSFER ∣ ·			
roperty Owner					HOSPITAL NAME		NUMBE	ER OF PATIENTS	
HAMILTON PA	ARTNERS				Good Shepherd			0 0 0	
egal Owner(s)								0	
TERRI DALLAS-F	•	ИD			6.	TAFFING PATTE	RNS	•	
SHINGO YANO, I JOHN PRUNSKIS					PERSONNEL		TIME EQU	IVALENTS	
ANDREW YU, MI	•				Administrator			1.00	
ANDREW 10, WI	J				Physicians			5.00	
					Nurse Anesthetist	ts		0.00	
					Director of Nurses	5		1.00	
					Registered Nurses			2.00	
					Certified Aides			0.00	
					Other Health Prof			0.00	
					Other Non-Health	Profs		2.00	
					TOTAL			11.00	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday			10	
					Tuesday			9	
					Wednesday			10	
					Thursday			10	
					Friday			9	
					Saturday			5	
					Sunday			0	
		NTS BY AGE GR			PAYMENT SOU	ATIENTS BY PRII RCE MALE	FEMALE	TOTAL	
AGE 0-14 years	MALE 0	FEMALE 0	TOTAL 0		Medicaid	RCE MALE 0	FEIVIALE 0	0	
15-44 years	139	224	363		Medicare	0	0	0	
45-64 years	277	372	649		Other Public	0	0	0	
65-74 years	13	11	24		Insurance	429	607	1,036	
75+ years	0	0	0		Private Pay	0	0	0	
TOTAL	429	607	1,036		Charity Care	0	0	0	
	120	001	1,000		TOTAL	429	607	1,036	
		NET	REVENUE B	Y PAYOR SOU	RCE FOR FISCAL	/EAR			
				2.1.2.2.2			Charity	Charity Care	
Medicare	Medi	icaid Other F	Public Priva	ite Insurance	Private Pay	TOTALS	Care	Expense as % of	

FACILITY NOTES

0

Name Change 11/7/2012 Formerly Hart Road Pain and Spine Institute.

0

0

96,103

0

96,103

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	312	109.50	52.00	161.50	0.52
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	312	109.50	52.00	161.50	0.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	724	250.5	121	371.5	0.51
TOTALS	1	724	250.5	121	371.5	0.51

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY S	SURGICAL TR	REATMENT CEN	TER PROFILE-2012	CASTLE SURGICENTER,	LLC	AL	IRORA	
Reference Num	bers	Facility Id 7	002611	Number of Operati	ng Rooms		2	
Health Service	Area 008	Planning Se	ervice Area 089	Procedure Rooms			0	
ASTLE SURGI	ICENTER, LLO	0		Exam Rooms			0	
111 OGDEN A	VENUE			Number of Recove	ry Stations Stage	e 1	3	
URORA, IL 60	504-7597			Number of Recove	-		7	
Administrator			Date Complete					
Donna L. Wil	aan		2/26/2013	Type of Ownersh	ip			
Donna L. Wii	5011		2/20/2013	Limited Liability Co	ompany (RA requ	ired)		
egistered Age	nt			HOSPIT	AL TRANSFER	REI ATIONSH	IPS	
Suresh Velag	gapudi			HOSPITAL NAME	AL INANOI EN		R OF PATIENTS	
roperty Owner	r			Rush Copley Medi	cal Center		0	
TPSS, LLC				Provena Mercy Me			0	
							0	
egal Owner(s)	ı						0	
							0	
Thomas J. McG	-			SI	AFFING PATTE	RNS		
Suresh Velagap				PERSONNEL		L-TIME EQUI\	/ALENTS	
Steven A. Marci	•			Administrator	. 02		0.50	
Scott M. O'Conr				Physicians			0.00	
Mark F. Schinsk	•			Nurse Anesthetist	S		0.00	
John T. Pinnello	o, M.D.			Director of Nurses				
Arif Saleem, M.	D.				Registered Nurses			
				Certified Aides			5.00 0.00	
				Other Health Profe	S.		1.00	
				Other Non-Health	Profs		1.50	
				TOTAL			9.00	
				DAVO	AND HOUDS OF	ODEDATION	ı	
				Monday	AND HOURS OF	OPERATION	10	
				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday			10	
				Saturday			0	
				Sunday			0	
NUME	BER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PA	TIENTS BY PRII	MARY PAYME	NT SOURCE	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOUR	RCE MALE	FEMALE	TOTAL	
0-14 years	13	7	20	Medicaid	2	1	3	
15-44 years	272	194	466	Medicare	176	318	494	
45-64 years	258	265	523	Other Public	0	0	0	
65-74 years	82	114	196	Insurance	531	457	988	
75+ years	86	197	283	Private Pay	2	0	2	
TOTAL	711	777	1,488	Charity Care	0	1 777	1 400	
				TOTAL	711	777	1,488	
		NIF	T REVENUE RY DA	YOR SOURCE FOR FISCAL Y	FΔR			
		INI	I REVERUE DI PA	TON COUNCE I ON FISCAL I		Charity	Charity Care	
Medicare	. Med	dicaid Othe	r Public Private Ins	surance Private Pay	TOTALS	Care	Expense as % of	
7.5%		0.0%	0.0%	91.8% 0.7%	100.0%		Total Net Revenue	
7.570	,	0.07		91.076 0.776	0.404.400	4.00	- 00/	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 215 of 282

2,867,623

21,184

234,356

997

0

1,865

0%

3,124,160

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	733	665.00	375.00	1040.00	1.42
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	682	319.00	206.00	525.00	0.77
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	73	56.00	34.00	90.00	1.23
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1488	1,040.00	615.00	1655.00	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 216 of 282 1/7/2014

Reference Num	nbers	Facility Id 70	001779	Number of Operating Ro	oms		4		
Health Service	Area 008	Planning Se	ervice Area 089	Procedure Rooms			6		
REYER AMBU	JLATORY SUR	RGERY CENTER		Exam Rooms			0		
1221 N. HIGHLA	AND AVENUE			Number of Recovery Stations Stage 1			5		
AURORA, IL 60)506			Number of Recovery Sta	ations Stage	2	27		
Administrator			Date Complete	Time of Our analysis					
Donna Coop	er		2/27/2013	Type of Ownership Partnership (registered v	vith county)				
Registered Age	ent			HOSPITAL TI	RANSFER	RELATIONS	HIPS		
3	_			HOSPITAL NAME		NUMBE	ER OF PATIENTS		
Property Owne	r			Presence Mercy Medica Rush Copley	l Center		12 3		
₋egal Owner(s))						0		
Presence Mercy	-	ter		STAFFI	NG PATTE	RNS	0		
Dreyer Clinic, Ir	nc.			PERSONNEL		TIME EQUI	IVALENTS		
				Administrator		-10	1.00		
				Physicians			0.00		
				Nurse Anesthetists			0.00		
				Director of Nurses			3.00		
				Registered Nurses			26.65		
				Certified Aides			4.30		
				Other Health Profs.			12.00		
				Other Non-Health Profs			12.00		
				TOTAL			58.95		
				DAYS AND	HOURS OF	OPERATIO			
				Monday			12		
				Tuesday			12		
				Wednesday Thursday			12 12		
				Friday			12		
				Saturday			0		
				Sunday			0		
NUME	BER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIEN	TS BY PRII	MARY PAYM	ENT SOURCE		
	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
AGE	248	205	453	Medicaid	0	0	0		
0-14 years		909	1,712	Medicare	1,132	1,479	2,611		
0-14 years 15-44 years	803			Other Public	0	4.470	7.050		
0-14 years 15-44 years 45-64 years	803 2,247	2,536	4,783	Inquirence					
0-14 years 15-44 years 45-64 years 65-74 years	803 2,247 995	2,536 1,175	2,170	Insurance	3,772	4,178	7,950 183		
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	803 2,247 995 703	2,536 1,175 923	2,170 1,626	Private Pay	92	91	183		
0-14 years 15-44 years 45-64 years 65-74 years	803 2,247 995	2,536 1,175	2,170		-	-			
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	803 2,247 995 703	2,536 1,175 923 5,748	2,170 1,626 10,744	Private Pay Charity Care TOTAL	92 0	91 0	183 0		
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	803 2,247 995 703 4,996	2,536 1,175 923 5,748	2,170 1,626 10,744	Private Pay Charity Care TOTAL OR SOURCE FOR FISCAL YEAR	92 0 4,996	91 0	183 0		

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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9,962,951

0

6,288

11,487,495

0

1,518,256

0

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	465	305.00	217.75	522.75	1.12
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	26	4.75	5.75	10.50	0.40
Ophthalmology	929	212.00	166.25	378.25	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	771	392.25	296.50	688.75	0.89
Otolaryngology	784	310.50	277.50	588.00	0.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	132	93.25	48.00	141.25	1.07
Thoracic	15	9.25	7.50	16.75	1.12
Urology	206	95.50	92.00	187.50	0.91
TOTAL	3328	1,422.50	1,111.25	2533.75	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	4	5508	3003	1059.75	4062.75	0.74
Laser Eye	1	197	13.25	0	13.25	0.07
Pain Management	1	1711	273.25	0	273.25	0.16
TOTALS	6	7416	3289.5	1059.75	4349.25	0.59

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 218 of 282 1/7/2014

eference Numb	ers	Facility Id 7	003015	Number of Operating Ro	oms		0	
Health Service A	rea 008	Planning Se	ervice Area 089	Procedure Rooms			2	
ELGIN GASTROE	ENTEROLO	GY ENDOSCOP	CENTER, LLC	Exam Rooms			0	
745 FLETCHER [DRIVE, 2ND	FLR.		Number of Recovery Sta	itions Stage	e 1	0	
ELGIN, IL 60123				Number of Recovery Sta	_		8	
Administrator			Date Complete					
Susan Theoba	ald		2/22/2013	Type of Ownership	v (PA requi	ired)		
				Limited Liability Company (RA required)				
Registered Agen				HOSPITAL TE	RANSFER	RELATIONSHI	PS	
Lawrence Kos	inski			HOSPITAL NAME		NUMBER	R OF PATIENT	
Property Owner				Presence St Joseph Hos	spital			
Elgin Gastro e	nvestmentsf			Sherman Hospital	•			
Legal Owner(s)								
Cum We:								
Sun, Wei Stinneford, Jame	19			STAFFII	STAFFING PATTERNS			
Pillai, Raj				PERSONNEL	FULI	-TIME EQUIV	ALENTS	
Physicians Endos	SCODV			Administrator			1.00	
Losurdo, Joseph				Physicians			0.00	
Kosinski, Lawrence				Nurse Anesthetists			0.00	
· ·	ice			Director of Nurses				
Joseph, Sunil				Registered Nurses			6.50	
Godambe,Sonia				Certified Aides			0.00 3.40	
Gambla, Gregory	/			Other Health Profs.				
				Other Non-Health Profs			1.00	
				TOTAL			11.90	
				DAYS AND I	HOURS OF	OPERATION		
				Monday			8	
				Tuesday			8	
				Wednesday			8	
				Thursday			8	
				Friday			8	
				Saturday			0	
				Sunday			0	
	ER OF PATII	ENTS BY AGE G	ROUP	NUMBER OF PATIENT				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	0	0	0	Medicaid	0	0	0	
	232	270	502	Medicare	476	574	1,050	
15-44 years	932	1,042	1,974	Other Public	1 262	1 207	0	
45-64 years		528	960	Insurance	1,262	1,387 19	2,649 47	
45-64 years 65-74 years	432 170	1 1 1	211					
45-64 years	170 1,766	141 1,981	311 3,747	Private Pay Charity Care	28 0	19	1	

	NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR										
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense as % of				
14.2%	0.0%	0.0%	84.9%	0.9%	100.0%	Expense	Total Net Revenue				
429,716	0	0	2,569,878	26,769	3,026,363	2,7	75 0%				

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 219 of 282 1/7/2014

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3747	2498	1562	4060	1.08
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3747	2498	1562	4060	1.08

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Procedure Rooms	eference Num	bers	Facility Id 7	002165	Number of Operating Ro	ooms		0
Number of Recovery Stations Stage 1 7	Health Service	Area 008	•	ervice Area 089				0
Number of Recovery Stations Stage 2 7	OX VALLEY O	RTHOPAEDIC	CINSTITUTE		Exam Rooms			0
Mary O'Brien, MBA, CMPE 2/1/2013 2/1/	525 KANEVILL	E ROAD			Number of Recovery Sta	ations Stage	e 1	7
Mary O'Brien, MBA, CMPE	SENEVA, IL 60	134			Number of Recovery Sta	ations Stage	e 2	7
Mary O'Brien, MBA, CMPE	Administrator			Date Complete				
Fox Valley Orthopaedic Associa HOSPITAL NAME NUMBER OF PATIENTS Toperty Owner Number of Patients Numbe		, МВА, СМРЕ		•		d)		
Fox Property Owner Kanewille Coad Joint Venture Post	Registered Age	nt			HOSPITAL T	RANSFER	REI ATIONSH	IIPS
Toperty Owner Staneville Road Joint Venture Staneville R	Fox Valley Or	rthopaedic As	socia			IVAIIOI EIV		_
Vishal M. Mehta, MD			ıre			pital		3 0
STAFFIND	.egal Owner(s)							0 0 0
Immorty S, Petische, MID PERSONNEL FULL-TIME EQUIVALENTS FUND FULL	Vishal M. Mehta	a, MD			07455	NO DATTE	DNO	· ·
Administrator 1.00	Timothy S. Pets	sche, MD						/ALENTO
Physicians Nurse Anesthetists 0.00						FULI	L-1 IIVIE EQUIV	
Nurse Anesthetists 0.00		•						
Director of Nurses 0.00	Kevan E. Ketter	ing, MD			-			
Registered Nurses	Jasper A. Petru	cci, MD						
Craig M. Torosian, MD Other Health Profs. 6.00 Craig A. Popp, MD Other Non-Health Profs. 3.00 DAYS AND HOURS OF OPERATION Monday 0 Tuesday 10 Tuesday 10 Thrusday 10 Saturday 0 Saturday 0 Saturday 0 Saturday 0 Saturday 0 Saturday 0 Saturday 0 0 Saturday 0 0 Saturday 0 0 MAGE MALE FEMALE TOTAL 0-14 years 62 61 123 Medicaid 6 3								

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 221 of 282

5,154,784

255

0

614,179

0%

5,783,766

767

14,548

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	2174	3,261.00	737.50	3998.50	1.84
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	853	283.50	214.00	497.50	0.58
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3027	3,544.50	951.50	4496.00	1.49

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 222 of 282 1/7/2014

MBULATORY SU	JRGICAL TR	EATMENT CENT	ER PROFILE-201	2 GRAN	D OAKS SURGICA	AL CENTER, S	i.C. I	LIBERTYVILLE
Reference Numbe	ers	Facility Id 70	03031		Number of Opera	ating Rooms		0
Health Service Ar	rea 008	Planning Sei	vice Area 097		Procedure Room	ıs		1
GRAND OAKS SU	JRGICAL CE	NTER, S.C.			Exam Rooms			0
800 HOLLISTER	DRIVE				Number of Recov	very Stations S	stage 1	2
IBERTYVILLE, IL	60048				Number of Recov	very Stations S	itage 2	1
Administrator			Date Complete		T	1. 1		
Linda Butler			2/19/2013		Type of Owners Corporation (RA	-		
Registered Agent	t				HOSP	ITAL TRANSF	ER RELATIONS	SHIPS
Leo J. Delaney	1				HOSPITAL NAM			BER OF PATIENTS
Property Owner					Advocate Conde			0
Hollister Incorp	orated							0
								0
.egal Owner(s)								0
Bruce W. Irwin								0
Bluce W. IIWIII					\$	STAFFING PA	TTERNS	
					PERSONNEL	F	FULL-TIME EQU	JIVALENTS
					Administrator			1.00
					Physicians			0.00
					Nurse Anesthetis			0.00
					Director of Nurse			0.00
					Registered Nurs	es		0.00
					Certified Aides Other Health Pro	, fo		0.00 2.00
					Other Non-Healt			1.00
					TOTAL	1111013		4.00
					TOTAL			4.00
						S AND HOURS	OF OPERATION	
					Monday			7
					Tuesday			7
					Wednesday			7 7
					Thursday Friday			4
					Saturday			0
					Sunday			0
NUMBE	R OF PATIE	NTS BY AGE GR	OUP		NUMBER OF P	ATIENTS BY	PRIMARY PAYN	MENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	JRCE MAL	E FEMALE	TOTAL
0-14 years	0	0	0		Medicaid		0 0	
15-44 years	73	82	155		Medicare		0 0	
45-64 years	139	240	379		Other Public		47 20 66 207	
65-74 years	6 1	7 0	13 1		Insurance	10	66 297 0 0	
75+ years	•				Private Pay Charity Care		6 12	
TOTAL	219	329	548		TOTAL	2	19 329	
		NE	T REVENUE BY P	AYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	licaid Other		nsurance	Private Pay	TOTALS	Care	Expense as % of
0.0%		0.0%	0.0%	100.0%	0.0%	100.0%	Expense	Total Net Revenue
		_			_			

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 223 of 282

1,089,187

0

1,089,187

6,652

0

0

0

1%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	1	548	210	158	368	0.67
TOTALS	1	548	210	158	368	0.67

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MIDULATORT	SURGICAL TR	EATMENT CENT	TER PROFILE-2012	HAWTHORN SURGERY CENTER	LI	BERTYVILLE		
Reference Num	bers	Facility Id 70	01795	Number of Operating Rooms		3		
Health Service A	Area 008	Planning Se	rvice Area 097	Procedure Rooms		0		
HAWTHORN SU	JRGERY CEN	TER		Exam Rooms	Exam Rooms			
900 HOLLISTE	R DRIVE, ST	E. 100		Number of Recovery Stations Stage 1	Number of Recovery Stations Stage 1 3			
IBERTYVILLE,				Number of Recovery Stations Stage 2		6		
Administrator			Date Complete	, ,				
Julie Bell, R.N	NI		2/28/2013	Type of Ownership				
Julie Bell, K.I	. v.		2/20/2013	Limited Partnership (RA required)				
Registered Age	ent			HOSPITAL TRANSFER REI	ATIONS	HIPS		
CT Corporation	on			HOSPITAL NAME		R OF PATIENTS		
Property Owner	r			ADVOCATE CONDELL MEDICAL CEI		2		
Hollister/LJ S				NORTHWESTERN LAKE FOREST	NILK	0		
				NONTIWE OF EACH DAKE FOREOF		0		
egal Owner(s)	ł					0		
						0		
Surgical Care A [.] Orthopod, LLC	.miiates			STAFFING PATTERN	S			
Orthopod, ELC				PERSONNEL FULL-TI	IME EQUI	VALENTS		
				Administrator		1.00		
				Physicians		0.00		
				Nurse Anesthetists		0.00		
				Director of Nurses		1.00		
				Registered Nurses		17.00		
				Certified Aides		0.00		
				Other Health Profs.		5.00		
				Other Non-Health Profs		5.00		
				TOTAL		29.00		
				DAYS AND HOURS OF OR	PERATIO	N		
				Monday		11		
				Tuesday		11		
				Wednesday		11		
				Thursday		11		
				Friday		11		
				Saturday		0		
				Sunday		0		
		ENTS BY AGE GF		NUMBER OF PATIENTS BY PRIMAR				
AGE	MALE	FEMALE	TOTAL		FEMALE	TOTAL		
0-14 years	88	76	164	Medicaid 19	21	40		
15-44 years	671	485 851	1,156	Medicare 157 Other Public 0	271 0	428 0		
	739 134	851 199	1,590 333	Insurance 1,494	1,398	2,892		
•	45	86	333 131	Private Pay 7	7	2,092		
65-74 years	40	1,697	3,374	Charity Care 0	0	0		
65-74 years 75+ years	1 677	1,087	3,374	TOTAL 1,677	1,697			
65-74 years 75+ years	1,677	,		1017/2	1,037	3,374		
45-64 years 65-74 years 75+ years TOTAL	1,677	, 			1,097	3,374		
65-74 years 75+ years	1,677		T REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR				
65-74 years 75+ years TOTAL		NE		YOR SOURCE FOR FISCAL YEAR	Charity	Charity Care		
65-74 years 75+ years	e Mec	NE	T REVENUE BY PA Public Private In 0.0%	AYOR SOURCE FOR FISCAL YEAR (surance Private Pay TOTALS				

FACILITY NOTES

391,016

12-041 9/11/2012

5,405

Received permit to establish an ASTC facility with 3 operating rooms at Center Drive and Lakeview Parkway in Vernon Hills.

0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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5,940,554

2,758,752

9,095,727

0

0%

12-041

9/11/2012

Received permit to discontinue ASTC facility with 3 operating rooms at 1900 Hollister Drive in Libertyville.

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	1	1.00	0.75	1.75	1.75
Dermatology	60	21.00	45.00	66.00	1.10
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	4	2.00	3.00	5.00	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	594	153.00	445.50	598.50	1.01
OB/Gynecology	4	1.00	3.00	4.00	1.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	52	52.00	39.00	91.00	1.75
Orthopedic	2481	1,731.00	1,860.75	3591.75	1.45
Otolaryngology	23	6.00	17.25	23.25	1.01
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	155	96.00	116.25	212.25	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3374	2,063.00	2,530.50	4593.50	1.36

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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IBULATORY SU	JRGICAL TR	EATMENT CEN	TER PRO	OFILE-2012 LA	KE FOREST ENDOS	COPY CENTER, LI	_C G	RAYSLAKE
eference Numb	ers	Facility Id 7	003149		Number of Opera	ating Rooms		0
Health Service A		Planning S		a 097	Procedure Room	•		2
AKE FOREST EI		_		u 00.	Exam Rooms			0
475 EAST BELV		· · · · · · · · · · · · · · · · · · ·				very Stations Stage	. 1	3
		D, STE. 303				-		
RAYSLAKE, IL	60030				Number of Reco	very Stations Stage	9 2	0
dministrator			Date C	Complete	Type of Owners	hin		
Alexander Tosi	iou		2	/18/2013		Company (RA requ	irod)	
					Littilled Liability	Company (NA requ	iieu)	
egistered Agen	t				HOSP	ITAL TRANSFER	RELATIONS	HIPS
Lynn Gordon					HOSPITAL NAM	1E	NUMBE	ER OF PATIENTS
roperty Owner					-			0
Lake Forest Ho	ospital Outpa	itient						0
								0
egal Owner(s)								0
3								0
ake Forest Phys					!	STAFFING PATTE	RNS	
ake Forest Hosp	oital				PERSONNEL		TIME EQUI	IVALENTS
					Administrator			0.00
					Physicians			0.00
					Nurse Anestheti	sts		0.00
					Director of Nurs			0.00
					Registered Nurs			3.00
					Certified Aides			0.00
					Other Health Pro	ofs.		2.00
					Other Non-Heal	th Profs		2.00
					TOTAL			7.00
					Monday Monday	S AND HOURS OF	OPERATIO	N 9
					Tuesday			9
					Wednesday			9
					Thursday			9
					Friday			9
					Saturday			0
					Sunday			0
NUMBE	R OF PATIE	NTS BY AGE G	ROUP		NUMBER OF F	PATIENTS BY PRII	MARY PAYM	IENT SOURCE
AGE	MALE	FEMALE	TOTA	L	PAYMENT SO	URCE MALE	FEMALE	TOTAL
0-14 years	0	0		0	Medicaid	1	6	7
15-44 years	192	304	4	96	Medicare	278	410	688
45-64 years	839	1,039	1,8		Other Public	0	0	0
65-74 years	267	338	6	05	Insurance	1,097	1,392	2,489
75+ years	79	132	2	11	Private Pay	1	5	6
TOTAL	1,377	1,813	3,1	90	Charity Care	0	0	0
					TOTAL	1,377	1,813	3,190
		N	ET REVE	NUE BY PAYOR S	OURCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Med	dicaid Othe	r Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
		0.1%	0.0%	78.0%	0.2%	100.0%	Expense	Total Net Revenue
21.7%		0,0	0.070	. 0.0 /	0.2,0			

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 227 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3190	1716	564	2280	0.71
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3190	1716	564	2280	0.71

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 228 of 282 1/7/2014

Reference Numbers F	acility Id 70	003115	Number of Operating Room	ıs		4
Health Service Area 008	Planning Se	ervice Area 097	Procedure Rooms			2
INDENHURST SURGERY CEN	•		Exam Rooms			6
050 RED OAK LANE			Number of Recovery Station	ns Stage	1	10
INDENHURST, IL 60046			Number of Recovery Station	-		0
Administrator		Date Complete	Torres of Occurrent in			
Barbara Martin		2/28/2013	Type of Ownership Limited Liability Company (RA requir	ed)	
Registered Agent			HOSPITAL TRAI	NSFER R	ELATIONSHI	PS
Corporation Service Company			HOSPITAL NAME		NUMBER	OF PATIENTS
Property Owner			Vista Medical Center East			
Community Health System						(
						(
.egal Owner(s)						(
Lawrence Gibson				D 4 -		,
Alan Gegenheimer			STAFFING		_	A. ENTC
Benjamin Johnson			PERSONNEL	FULL	TIME EQUIV	
Community Health Systems, Inc.			Administrator			0.50 0.00
Daniel Green			Physicians			
Daniel Liesen			Nurse Anesthetists Director of Nurses			0.00 1.00
David Fetter	Registered Nurses			6.00		
David Zoellick			Certified Aides			0.00
Gregory Caronis			Other Health Profs.			3.00
Aaron Siegel						2.00
Kristopher Atzeff			TOTAL			12.50
Steven Reinglass						
Lisa Thompson			DAYS AND HO	URS OF	OPERATION	
Merrill Matschke			Monday			12
And Others			Tuesday			12
			Wednesday			12
			Thursday			12
			Friday			12
			Saturday			0 0
NUMBER OF PATIENT	S BY AGE G	POLIP	Sunday NUMBER OF PATIENTS	RY PRIM	ΔΡΥ ΡΔΥΜΕΙ	•
AGE MALE	FEMALE	TOTAL		MALE	FEMALE	TOTAL
0-14 years 21	7	28	Medicaid	19	33	52
15-44 years 138	112	250	Medicare	219	277	496
45-64 years 193	207	400	Other Public	2	3	5
65-74 years 125	141	266	Insurance	332	302	634
75+ years 99	150	249	Private Pay	4	2	6
TOTAL 576	617	1,193	Charity Care	0	0	0
			TOTAL	576	617	1,193

Charity Care Expense as % of Care Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Total Net Revenue 16.0% -0.4% 0.5% 83.3% 0.7% 100.0% Expense 566,624 -14,322 15,958 2,950,848 23,173 0% 3,542,281 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 229 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	188	104.00	110.75	214.75	1.14
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	28	17.50	16.50	34.00	1.21
Ophthalmology	443	150.25	221.00	371.25	0.84
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	251	205.25	171.25	376.50	1.50
Otolaryngology	22	7.75	12.75	20.50	0.93
Pain Management	2	0.50	0.50	1.00	0.50
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	73	44.00	36.50	80.50	1.10
Thoracic	0	0.00	0.00	0.00	0.00
Urology	138	82.00	80.75	162.75	1.18
TOTAL	1145	611.25	650.00	1261.25	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	33	11	16.5	27.5	0.83
Laser Eye	1	15	0.75	6.25	7	0.47
Pain Management	0	0	0	0	0	0.00
TOTALS	2	48	11.75	22.75	34.5	0.72

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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Defenence No		ATMENT CENTER			Normalia e e e Com	tian Danier		4
eference Numbe		Facility Id 70031			Number of Opera			4
Health Service Ar		Planning Service			Procedure Rooms	5		0
-		SURGERY CENT	ER		Exam Rooms			0
475 EAST BELV	_				Number of Recov			6
RAYSLAKE, IL	60030-2012				Number of Recov	ery Stations Stag	e 2	10
Administrator		Da	te Complete		Tune of Ournard	.i		
Marsha L. Obe	errieder		2/22/2013		Type of Ownersh Other Not For Pro	-		
Registered Agent	t				HOSPI	TAL TRANSFER	RELATIONS	HIPS
					HOSPITAL NAMI	=	NUMBI	ER OF PATIENTS
Property Owner					Northwestern Lak	e Forest Hospital		0
N/A					Advocate Condel	Medical Center		0
.egal Owner(s)								0 0 0
						TAFFING PATTE		
					PERSONNEL	FUL	L-TIME EQU	IVALENTS
					Administrator			0.20
					Physicians			0.20
					Nurse Anesthetis			0.00
					Director of Nurse			1.00
					Registered Nurse Certified Aides	:5		8.87 0.00
					Other Health Pro	fe		2.80
					Other Non-Health			1.03
					TOTAL	111010		14.10
						AND HOURS OF	OPERATIO	N
					Monday			12
					Tuesday			12
					Wednesday			12
					Thursday			12
					Friday Saturday			12 0
					Sunday			0
NUMBE	R OF PATIEN	TS BY AGE GROU	P			ATIENTS BY PRI	MARY PAYN	·
AGE	MALE		OTAL		PAYMENT SOU		FEMALE	TOTAL
0-14 years	77	47	124		Medicaid	16	11	27
15-44 years	66	90	156		Medicare	47	51	98
45-64 years	93	132	225		Other Public	5	6	11
65-74 years	39	36	75 22		Insurance Private Pov	217	252	469
75+ years	13	19	32		Private Pay Charity Care	2	1	3 4
TOTAL	288	324	612		TOTAL	288	324	612
		NET RE	EVENUE BY P	AYOR SOU	RCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Medica	aid Other Pub	ic Private Ir	nsurance	Private Pay	TOTALS	Care	Expense as % of
8.6%	0.	9% 0.2	2%	90.3%	0.1%	100.0%	Expense	Total Net Revenue
145,298	15,4	78 3,05	:1 1	,528,272	1,183	1,693,282	18,2	90 1%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	116	62.25	58.00	120.25	1.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	4	1.25	2.00	3.25	0.81
Ophthalmology	33	14.75	16.50	31.25	0.95
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	152	149.75	76.00	225.75	1.49
Otolaryngology	141	35.25	70.50	105.75	0.75
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	1	0.75	0.50	1.25	1.25
Podiatry	76	44.75	38.00	82.75	1.09
Thoracic	0	0.00	0.00	0.00	0.00
Urology	89	64.00	44.50	108.50	1.22
TOTAL	612	372.75	306.00	678.75	1.11

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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eference Numbers Facility Id 7002926	Number of Operating Ro	oms		0
Health Service Area 008 Planning Service Area 097	Procedure Rooms			2
HE LAKE BLUFF ILLINOIS ENDOSCOPY ASC, LLC	Exam Rooms			0
01 S. WAUKEGAN ROAD, STE 980	Number of Recovery Sta	tions Stage	1	8
AKE BLUFF, IL 60044-1687	Number of Recovery Sta	tions Stage	2	0
dministrator Date Complete	Type of Ownership			
Erik Hamnes 2/27/2013	Limited Liability Company (RA required)			
egistered Agent	HOSPITAL TE	ANGEED E	DEL ATIONSUL	De
national registered agents Inc	HOSPITAL NAME	VANOI EIV I		OF PATIENT
roperty Owner	Condell Medical Center		NOMBEN	OFFATILINI
Carriage Point limited partners	Condeil Medical Center			
egal Owner(s)				
Valter Glaws, MD	STAFFII	NG PATTER	RNS	
he above owned as follows:	PERSONNEL	FULL-TIME EQUIVALENTS		
Robert Hadesman, MD	Administrator			0.00
Philip Adjei, MD North shore suburban associates inc	Physicians	0.00		
	Nurse Anesthetists			0.00
north shore endoscopy ventures llc	Director of Nurses			1.00
Kevin Leibovich, MD	Registered Nurses			3.30
lohn Matseshe, MD	Certified Aides		3.00	
Fred Rosenberg, MD	Other Health Profs.	0.00		
E.P. Kirch, MD	Other Non-Health Profs			3.00
Cynthia Wait, MD	TOTAL			10.30
Amsurg holdings Inc	DAYS AND I	HOURS OF	OPERATION	
	Monday			9
	Tuesday			10
	Wednesday			9
	Thursday			10
	Friday			9
	Saturday			0
	Sunday			0
NUMBER OF PATIENTS BY AGE GROUP	NUMBER OF PATIENT	S BY PRIM	IARY PAYMEI	NT SOURCE
AGE MALE FEMALE TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0.44	Medicaid	0	0	0
0-14 years 0 1 1	Medicare	381	507	888
15-44 years 204 281 485		50	52	102
15-44 years 204 281 485 45-64 years 1,014 1,189 2,203	Other Public	4 000		2,685
15-44 years 204 281 485 45-64 years 1,014 1,189 2,203 65-74 years 337 399 736	Insurance	1,233	1,452	
15-44 years 204 281 485 45-64 years 1,014 1,189 2,203		1,233 15 0	1,452 8 0	23

		NET REVE	NUE BY PAYOR SOU	RCE FOR FISCAL	. YEAR			
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care		rity Care se as % of
6.8%	0.0%	1.2%	85.3%	6.7%	100.0%	Expense	Total N	et Revenue
283,016	0	49,000	3,549,846	278,473	4,160,335		0	0%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

				PREP AND	TOTAL	AVERAGE
	PROCEDURE	TOTAL	SURGERY	CLEAN-UP	SURGERY	CASE TIME
SURGERY AREA	ROOMS	SURGERIES	TIME (HOURS)	TIME (HOURS)	TIME (HOURS)	(HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3698	1849	924.5	2773.5	0.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3698	1849	924.5	2773.5	0.75

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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MBULATORY SUR	RGICAL TE	REATMENT (ENTER PRO	FILE-2012 TRI-C	ITIES SURGERY CE	NTER, LLC	G	SENEVA	
eference Number	rs	Facility Id	7003117		Number of Operati	ing Rooms		3	
lealth Service Are	a 008	-	g Service Area	a 089	Procedure Rooms			2	
RI-CITIES SURGE	ERY CENT				Exam Rooms			1	
15 DELNOR DRIV		, -			Number of Recove	erv Stations Stag	e 1	7	
ENEVA, IL 60134					Number of Recove	-		6	
•	7 7220				Number of Recove	ry Clations Clagi	J Z	O	
dministrator				omplete	Type of Ownersh	ip			
Joseph G. Ollaye	os		2/	26/2013	Limited Liability Company (RA required)				
					,	, , , , , , , , , , , , , , , , , , , ,	,		
egistered Agent	-II M D				HOSPIT	TAL TRANSFER	RELATIONS	HIPS	
George M. Powe	eli, M.D.				HOSPITAL NAME		NUMBI	ER OF PATIENTS	
roperty Owner					Delnor-Community	/ Hospital; Genev	/a, IL 60134	3	
Delnor-Commun	nity Hospita	al						0	
								0	
egal Owner(s)								0	
Γri-Cities Physician	Group II	C						0	
DelCom Corporation					_	TAFFING PATTE	_		
,					PERSONNEL	FUL	L-TIME EQU	IVALENTS	
					Administrator			1.00	
					Physicians			0.00	
					Nurse Anesthetist	s		0.00	
				Director of Nurses	;		1.00		
					Registered Nurses	3		16.00	
					Certified Aides			1.00	
					Other Health Prof	S.		4.50	
					Other Non-Health	Profs		9.00	
					TOTAL			32.50	
					DAYS	AND HOURS OF	OPERATIO	N	
					Monday	AND HOOKO OF	OI ENATIO	11	
					Tuesday			11	
					Wednesday			11	
					Thursday			11	
					Friday			11	
					Saturday			0	
					Sunday			0	
NUMBER	OF PATII	ENTS BY AG	E GROUP		NUMBER OF PA	TIENTS BY PRI	MARY PAYM	ENT SOURCE	
AGE	MALE	FEMALE	TOTA	L	PAYMENT SOUR	RCE MALE	FEMALE	TOTAL	
0-14 years	10	15		25	Medicaid	17	34	51	
15-44 years	400	575		75	Medicare	757	913	1,670	
45-64 years	1,759	1,734	3,49		Other Public	0	0	0	
65-74 years	619	654	1,27		Insurance	2,304	2,403	4,707	
75+ years	302	387		39	Private Pay	11	10	21	
TOTAL	3,090	3,365	6,45	55	Charity Care	1	5	6	
					TOTAL	3,090	3,365	6,455	
			NET REVEN	NUE BY PAYOR SOL	JRCE FOR FISCAL Y	ÆAR			
							Charity	Charity Care	
Medicare	Ma	dicaid C	ther Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of	
	ivie			86.0%			Expense	Total Net Revenue	
13.5%		0.2%	0.0%		0.3%	100.0%			
904,331	1	1,884	0	5,762,458	18,081	6,696,754	4,5	90 0%	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	134	66.25	100.50	166.75	1.24
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	84	24.75	63.00	87.75	1.04
Ophthalmology	702	197.50	526.50	724.00	1.03
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	7	2.50	5.25	7.75	1.11
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	363	155.00	272.25	427.25	1.18
TOTAL	1290	446.00	967.50	1413.50	1.10

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	5165	1575.5	3869.25	5444.75	1.05
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	5165	1575.5	3869.25	5444.75	1.05

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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ference Numbe	ers	Facility Id 7	001217	Number of Operating Ro	ooms		7	
Health Service Ar	ea 008	Planning Se	ervice Area 089	Procedure Rooms			1	
'ALLEY AMBULA	TORY SUR	GERY CENTER		Exam Rooms			1	
210 DEAN STRE	ET			Number of Recovery Sta	ations Stage	1	10	
T. CHARLES, IL	60175-105	9		Number of Recovery Sta	ations Stage	2	19	
Administrator			Date Complete	Type of Ownership				
Deborah Lee C	rook, R.N.,	CAS	2/8/2013	Limited Partnership (RA	required)			
Registered Agent				HOSPITAL TI	RANSFER I	RELATIONSH	IPS	
CT CORPORA	TION			HOSPITAL NAME		NUMBER	R OF PATIENT	
Property Owner				Denor Community Hosp	ital, Geneva	l	;	
Valley Medical Building Corp				Provena Saint Joseph H		n		
				Sherman Hospital, Elgin				
egal Owner(s)				Rush Copley Hospital, A Provena Mercy Hospital				
VASC INC					NG PATTEI	RNS		
SYMBION INC SYMBION AMB. RESOURCES				PERSONNEL	FULL	-TIME EQUIV	'ALENTS	
SARC/ST CHARL				Administrator	-		1.00	
ARC FINANCIAL				Physicians			0.00	
111011111111111	OLIVIOLO			Nurse Anesthetists			2.50	
				Director of Nurses			1.00	
				Registered Nurses		20.00		
				Certified Aides Other Health Profs.			0.00 7.00	
				Other Health Profs. Other Non-Health Profs			7.00 11.00	
				TOTAL			42.50	
					HOURS OF	OPERATION	11	
				Monday Tuesday			11	
				Wednesday			11	
				Thursday			11	
				Friday			11	
				Saturday			0	
				Sunday			0	
		ENTS BY AGE G		NUMBER OF PATIEN				
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	324	213	537	Medicaid	0	0	0	
15-44 years	390	1,005	1,395	Medicare Other Rublic	436	802	1,238	
45-64 years	735 277	1,349	2,084 746	Other Public Insurance	0 1,452	0 2,453	0 3,905	
65-74 years 75+ years	277 185	469 291	746 476	Private Pay	1,432	2,455 61	3,905	
TOTAL	1,911	3,327	5,238	Charity Care	4	11	15	
·OIAL	1,011	5,521	0,200	TOTAL	1,911	3,327	5,238	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

89.1%

8,633,374

10.8%

1,050,254

0.0%

0

0.0%

0

100.0%

9,692,679

0.1%

9,051

Total Net Revenue

1%

Expense

70,861

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	5	2.50	1.00	3.50	0.70
Gastroenterology	595	198.50	218.00	416.50	0.70
General Surgery	603	603.00	100.50	703.50	1.17
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	2	3.50	3.00	6.50	3.25
OB/Gynecology	715	536.25	120.00	656.25	0.92
Ophthalmology	577	240.50	67.50	308.00	0.53
Oral/Maxillofacial	150	225.00	22.50	247.50	1.65
Orthopedic	426	532.50	64.00	596.50	1.40
Otolaryngology	751	563.25	75.00	638.25	0.85
Pain Management	798	239.50	53.00	292.50	0.37
Plastic	107	219.50	22.00	241.50	2.26
Podiatry	498	622.50	58.00	680.50	1.37
Thoracic	0	0.00	0.00	0.00	0.00
Urology	11	3.00	1.00	4.00	0.36
TOTAL	5238	3,989.50	805.50	4795.00	0.92

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Multi	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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MBULATORY SU	RGICAL TREAT	MENT CENTER PR	OFILE-2012 VERN	ON SQUARE SUR	GICENTER	V	ERNON HILLS		
eference Numbe	ers Fac	cility Id 7003144		Number of Opera	ating Rooms		2		
Health Service Are		Planning Service Ar	ea 097	Procedure Room	-		0		
ERNON SQUARE		-		Exam Rooms			0		
30 CENTER DRIV							5		
ERNON HILLS, II					very Stations Stage		0		
•	L 00001-1304	.		Number of Reco	very Stations Stage	2	U		
dministrator		Date	Complete	Type of Owners	ship				
Patricia Robbins	S		4/1/2013	Sole Proprietors					
egistered Agent				HOSPITAL TRANSFER RELATIONSHIPS					
				HOSPITAL NAME NUMBER OF F					
roperty Owner				Advocate Conde	ell, Libertyville		0 0		
egal Owner(s)							0		
Daniel Ritacca					STAFFING PATTER	NS.	O		
				PERSONNEL		IME EQUIVALENTS			
				Administrator			1.00		
				Physicians			0.00		
				Nurse Anestheti	sts		0.00		
				Director of Nurs	es		1.00		
				Registered Nurs	ses		2.00		
				Certified Aides			1.00		
				Other Health Pro	ofs.		3.00		
				Other Non-Heal	th Profs		1.00		
				TOTAL			9.00		
				DAY	S AND HOURS OF	OPERATIO	N		
				Monday			8		
				Tuesday			10		
				Wednesday			8		
				Thursday			8		
				Friday			6		
				Saturday			0		
				Sunday			0		
		BY AGE GROUP			PATIENTS BY PRIM				
AGE 0-14 years	MALE F	EMALE TOT	AL 1	PAYMENT SO	URCE MALE 6	FEMALE 10	TOTAL 16		
15-44 years	26		173	Medicare	202	333	535		
45-64 years	94		320	Other Public	202	6	8		
65-74 years	138		346	Insurance	106	229	335		
75+ years	86		250	Private Pay	28	168	196		
TOTAL	344		090	Charity Care	0	0	0		
TOTAL	UT#	<i>1</i> 7 ∪ 1,1	000	TOTAL	344	746	1,090		
		NET REVE	ENUE BY PAYOR SOU	RCE FOR FISCAL	. YEAR				
						Charity	Charity Care		
Medicare	Medicaio	d Other Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of		
23.4%	11.49			13.8%	100.0%	Expense	Total Net Revenue		

FACILITY NOTES

11-098 1/10/2012

Permit issued to add pain management surgery; facility is now categorized as a multi-specialty surgical center.

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 239 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	781	145.00	268.00	413.00	0.53
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	108	22.00	36.00	58.00	0.54
Plastic	201	167.00	209.00	376.00	1.87
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1090	334.00	513.00	847.00	0.78

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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ference Numbe	ers	Facility Id 70	003141	Number of Operating Rooms		4	
Health Service Ar	ea 009	Planning Se	ervice Area 197	Procedure Rooms		2	
MSURG SURGE	RY CENTE	_		Exam Rooms		0	
98 129TH INFAN				Number of Recovery Stations Sta	age 1	9	
OLIET, IL 60435		_		Number of Recovery Stations Sta	-	5	
dministrator			Date Complete				
Sue Sorg			2/14/2013	Type of Ownership			
g				Limited Partnership (RA required)		
egistered Agent				HOSPITAL TRANSFE	R RELATIONSHI	IPS	
CT Corporation	1			HOSPITAL NAME	NUMBER	R OF PATIENTS	
roperty Owner				Presence St Joseph Medical Cer		3	
LB Properties >	KI LLC			Silver Cross Hospital	itoi	0	
				5		0	
egal Owner(s)						0	
						0	
Majid Rassouli				STAFFING PAT	TERNS		
Ankit Patel Anuj Puppala					JLL-TIME EQUIV	ALENTS	
Anuj Puppaia Aras Zlioba				Administrator		1.00	
				Physicians		0.00	
Bradley Dworsky				Nurse Anesthetists		0.00	
Christopher /Lori I	Bailey			Director of Nurses 1.0			
Christy Hiser				Registered Nurses 14.0			
Clyde Dawson				Certified Aides		0.00	
David Morimoto				Other Health Profs.		4.00	
Eligius Lelis				Other Non-Health Profs		8.00	
Eric Bass				TOTAL		28.00	
Alan Chen							
_awrence Sadows	ski			DAYS AND HOURS	OF OPERATION		
Vic Tsai				Monday		10	
And Others				Tuesday		10	
				Wednesday		10	
				Thursday		10	
				Friday		10	
				Saturday		0 0	
				Sunday		· ·	
		ENTS BY AGE G		NUMBER OF PATIENTS BY PI			
AGE 0-14 years	MALE 283	FEMALE 266	TOTAL 549	PAYMENT SOURCE MALE Medicaid 38		TOTAL 81	
15-44 years	283 481	266 546	549 1,027	Medicare 1,156		2,949	
45-64 years	1,091	1,137	2,228	Other Public 17	· · · · · · · · · · · · · · · · · · ·	33	
65-74 years	614	942	1,556	Insurance 1,815		3,675	
75+ years	566	832	1,398	Private Pay 12	· · · · · · · · · · · · · · · · · · ·	19	
TOTAL	3,035	3,723	6,758) 1	1	
	0,000	5,720	5,1.55	TOTAL 3,039		6,758	
				·			

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 241 of 282

Private Insurance

74.1%

7,416,064

Private Pay

0.2%

24,683

TOTALS

100.0%

10,002,902

Medicare

2,496,227

25.0%

Medicaid

0.5%

46,333

Other Public

0.2%

19,595

Expense as % of

Total Net Revenue

0%

Care

Expense

2,523

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	6	3.00	3.00	6.00	1.00
Dermatology	114	57.00	57.00	114.00	1.00
Gastroenterology	277	139.00	180.50	319.50	1.15
General Surgery	254	190.50	127.00	317.50	1.25
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	299	149.50	149.50	299.00	1.00
OB/Gynecology	26	19.50	13.00	32.50	1.25
Ophthalmology	2058	1,029.00	1,029.00	2058.00	1.00
Oral/Maxillofacial	856	42.75	428.00	470.75	0.55
Orthopedic	931	698.25	931.00	1629.25	1.75
Otolaryngology	188	94.00	94.00	188.00	1.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	148	185.00	148.00	333.00	2.25
Thoracic	21	10.50	10.50	21.00	1.00
Urology	5	12.50	5.00	17.50	3.50
TOTAL	5183	2,630.50	3,175.50	5806.00	1.12

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	1111	555.5	722.5	1278	1.15
Laser Eye	1	464	93	139	232	0.50
Pain Management	0	0	0	0	0	0.00
TOTALS	2	1575	648.5	861.5	1510	0.96

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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Health Service A	bers	Facility Id 70	002876	Number of Operating Roor	ns		0	
		Planning Se		Procedure Rooms	110		2	
ENTER FOR D		•		Exam Rooms			0	
615 N. CONVE					Number of Recovery Stations Stage 1 0			
OURBONNAIS				Number of Recovery Station			6	
dministrator	,		Date Complete	•	J			
Christina O'C	onnor		2/18/2013	Type of Ownership Limited Liability Company	(RA requi	red)		
egistered Age	nt			HOSPITAL TRA	NSFER F	RELATIONSH	IIPS	
Paula Jacobi				HOSPITAL NAME	aroi Erri		R OF PATIENTS	
roperty Owner				Riverside Medical Center I	Kankakaa		9	
Agita, LLC				Presence St. Marys Hospi			0	
egal Owner(s)							0	
Thomas O'Conn	nor			STAFFING	3 PATTER	RNS		
Syed Bokhari Siyaraida Madia	ol Conto			PERSONNEL		-TIME EQUI	VALENTS	
Riverside Medic Presence St. Ma				Administrator			1.00	
				Physicians			0.00	
Nikhil Bhargava				Nurse Anesthetists			0.00	
Edward Jurkovid				Director of Nurses			1.00	
David Sutherlan				Registered Nurses	4.00			
Daniel Errampal	III			Certified Aides			0.00	
Brian Sasso				Other Health Profs.		0.00		
				Other Non-Health Profs			5.00	
				TOTAL			11.00	
				DAYS AND HO	OURS OF	OPERATION	1	
				Monday			10	
				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Thursday Friday			10 10	
				Thursday Friday Saturday			10	
NUMB	ER OF PATI	ENTS BY AGE G		Thursday Friday	BY PRIN	IARY PAYMI	10 10 0 0	
NUMB AGE	ER OF PATII	ENTS BY AGE G	ROUP TOTAL	Thursday Friday Saturday Sunday	BY PRIM	IARY PAYMI FEMALE	10 10 0 0	
				Thursday Friday Saturday Sunday NUMBER OF PATIENTS			10 10 0 0	
AGE	MALE	FEMALE	TOTAL 0 554	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare	MALE 5 651	FEMALE 14 894	10 10 0 0 ENT SOURCE TOTAL 19 1,545	
AGE 0-14 years 15-44 years 45-64 years	MALE 0 235 869	FEMALE 0 319 1,052	TOTAL 0 554 1,921	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public	5 651 3	FEMALE 14 894 0	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3	
O-14 years 15-44 years 45-64 years 65-74 years	MALE 0 235 869 399	FEMALE 0 319 1,052 484	TOTAL 0 554 1,921 883	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public Insurance	5 651 3 1,046	FEMALE 14 894 0 1,272	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3 2,318	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 235 869 399 216	FEMALE 0 319 1,052 484 341	TOTAL 0 554 1,921 883 557	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay	5 651 3 1,046 6	FEMALE 14 894 0 1,272 7	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3 2,318 13	
O-14 years 15-44 years 45-64 years 65-74 years	MALE 0 235 869 399	FEMALE 0 319 1,052 484	TOTAL 0 554 1,921 883	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public Insurance	5 651 3 1,046	FEMALE 14 894 0 1,272	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3 2,318	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 235 869 399 216	0 319 1,052 484 341 2,196	TOTAL 0 554 1,921 883 557 3,915	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay Charity Care TOTAL	5 651 3 1,046 6 8	FEMALE 14 894 0 1,272 7 9	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3 2,318 13	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 235 869 399 216	0 319 1,052 484 341 2,196	TOTAL 0 554 1,921 883 557 3,915	Thursday Friday Saturday Sunday NUMBER OF PATIENTS PAYMENT SOURCE Medicaid Medicare Other Public Insurance Private Pay Charity Care	5 651 3 1,046 6 8	FEMALE 14 894 0 1,272 7 9	10 10 0 0 ENT SOURCE TOTAL 19 1,545 3 2,318 13	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 243 of 282

2,225,757

362,241

3,162,242

15,340

549,998

15,975

8,270

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3915	1533	591	2124	0.54
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3915	1533	591	2124	0.54

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 244 of 282 1/7/2014

eference Numb	orc	Facility Id. 70	02785		Number of Opera	ting Pooms		2		
Health Service A		Facility Id 70 Planning Ser		33	Number of Opera Procedure Room	-		0		
		IRGICAL CENTE			Exam Rooms	3		0		
051 W. ROUTE		MOIOAL OLIVIL	it, LLO		Number of Recovery Stations Stage 1 3					
ORRIS, IL 604					Number of Recov		-	5		
·	30				Number of Neco	ery Stations Sta	ige z	3		
dministrator			Date Comple		Type of Owners	hip				
Carol Wills, R	.N.		2/5/20	13	Limited Liability C	-	quired)			
egistered Agen	t				HOSP	ITAL TRANSFE	R RELATIONS	HIPS		
Keith M. Rezir	n, M.D.				HOSPITAL NAM			ER OF PATIENTS		
roperty Owner					Morris Hospital	<u> </u>		6		
K&S Real Esta	ate				World Hoopital			0		
								0		
egal Owner(s)								0		
								0		
Thomas Rappett					5	STAFFING PATT	ERNS			
Stephen Treacy,					PERSONNEL	FL	ILL-TIME EQU	IVALENTS		
Robert MacNab,					Administrator	<u> </u>		1.00		
Raymond Meyer					Physicians			0.00		
Paul Bishop, DP	M				Nurse Anesthetis	sts		0.00		
Morris Hospital					Director of Nurse	s		0.00		
Keith M. Rezin, N	ИD				Registered Nurse	es		5.00		
Eric Ortinau, MD					Certified Aides			0.00		
					Other Health Pro			1.50		
					Other Non-Health	n Profs		1.50		
					TOTAL			9.00		
					DAYS	S AND HOURS	OF OPERATIO	N		
					Monday			9		
					Tuesday			9		
					Wednesday			9		
					Thursday			9 9		
					Friday Saturday			0		
					Sunday			0		
NUMBI	ER OF PATIE	NTS BY AGE GR	OUP		NUMBER OF P	ATIENTS BY PI	RIMARY PAYN	IENT SOURCE		
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL			TOTAL		
0-14 years	10	10	20		Medicaid	3		28		
15-44 years	96	89	185		Medicare	62		143		
45-64 years	127	150	277		Other Public	220		3 450		
65-74 years	44 24	55 30	99 54		Insurance Private Pay	229		459 2		
75+ years TOTAL	24 301	334	54 635		Charity Care	(0		
TOTAL	301	334	033		TOTAL	301		635		
		NE.	T REVENUE B	Y PAYOR SOU	RCE FOR FISCAL	YEAR				
			Public Priva	te Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense as % of		
Medicare	Medi	icaid ()thor		te incurance	Private Pav					

1,796,812

137,830

2,087,555

0

125,468

20,825

6,620

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	569	261.00	142.00	403.00	0.71
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	66	31.00	17.00	48.00	0.73
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	635	292.00	159.00	451.00	0.71

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 246 of 282

MBULATORY SU	RGICAL TRE	ATMENT CENTE	ER PROI	FILE-2012 DMG	PAIN MANAGEME	NT SURGERY CE	NTER, L N	APERVILLE
Reference Numbe	ers	Facility Id 700	3162		Number of Opera	ating Rooms		0
Health Service Are		Planning Serv		197	Procedure Room	-		2
MG PAIN MANA		_			Exam Rooms			1
			K, LLO			von Stationa Stag	n 1	2
490 ROLLINGRIC	•	200				very Stations Stage		
IAPERVILLE, IL (60564				Number of Reco	very Stations Stage	e 2	5
Administrator			Date Co	omplete	Type of Owners	hin		
Dennis Fine			2/2	28/2013		-	irod)	
					Limited Liability (Company (RA requ	iirea)	
egistered Agent					HOSP	ITAL TRANSFER	RELATIONS	HIPS
Elizabeth Miller	•				HOSPITAL NAM	IE	NUMBE	ER OF PATIENTS
roperty Owner					Edward Hospital	. Naperville, IL		0
DuPage Medica	al Group				Lawara Froophar	, 14400111110, 12		0
								0
egal Owner(s)								0
- gu(e)								0
DuPage Medical C	Group				:	STAFFING PATTE	RNS	
					PERSONNEL		L-TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			0.00
					Nurse Anestheti	sts		0.00
					Director of Nurse			1.00
					Registered Nurs			2.00
					Certified Aides			2.00
					Other Health Pro	ofs.		0.00
					Other Non-Healt	h Profs		1.00
					TOTAL			7.00
					DAV	S AND HOURS OF	OPERATIO	N
					Monday	S AND HOURS OF	OPERATIO	8
					Tuesday			8
					Wednesday			8
					Thursday			8
					Friday			8
					Saturday			0
					Sunday			0
NUMBE	R OF PATIEN	ITS BY AGE GR	OUP		NUMBER OF F	ATIENTS BY PRI	MARY PAYM	ENT SOURCE
AGE	MALE	FEMALE	TOTAL	_	PAYMENT SOL	JRCE MALE	FEMALE	TOTAL
0-14 years	0	0		0	Medicaid	21	51	72
15-44 years	432	469	90	1	Medicare	740	1,114	1,854
45-64 years	1,102	1,130	2,23		Other Public	0	0	0
65-74 years	592	640	1,23		Insurance	1,662	1,619	3,281
75+ years	319	582	90	1	Private Pay	22	37	59
TOTAL	2,445	2,821	5,26	6	Charity Care	0	0	0
					TOTAL	2,445	2,821	5,266
		NET	REVEN	UE BY PAYOR SO	URCE FOR FISCAL	YEAR		
							Charity	Charity Care
Medicare	Medio	caid Other F	Public	Private Insurance	Private Pay	TOTALS	Care	Expense as % of
					· · · · · · · · · · · · · · · · · · ·		Expense	Total Net Revenue
23.1%		.2%	0.0%	74.4%	1.3%	100.0%	LAPONIO	
722,013	38,	688	0	2,325,453	39,295	3,125,449		0 0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	2	5266	1280.5	885.5	2166	0.41
TOTALS	2	5266	1280.5	885.5	2166	0.41

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 248 of 282

eference Numbers	,	002538	Number of Operating Ro	oms		3
Health Service Area 009	J	ervice Area 093	Procedure Rooms			1
ENDALL POINTE SURGE	RY CENTER, LLC		Exam Rooms			0
00 WEST FIFTH STREET			Number of Recovery Sta	_		5
SWEGO, IL 60543-8314			Number of Recovery Sta	itions Stage	2	5
dministrator		Date Complete	Type of Ownership			
Patricia Wamsley		2/28/2013	Limited Liability Partners	hip (RA rec	quired)	
egistered Agent			HOSPITAL TE	RANSFER I	RELATIONSHI	IPS
Greg Ingemunson			HOSPITAL NAME		NUMBER	R OF PATIENT
roperty Owner			Provena Mercy Medical	Center, Aur	ora, IL	
egal Owner(s)						
/alley West Medical Cente	r					
The Ctrs for Foot & Ankle S				NG PATTEI		AL ENTO
Robert Foody, MD			PERSONNEL	FULL	TIME EQUIV	
PBC Oswego, LLC			Administrator			1.00
Michael Coulson, DO			Physicians			0.00
Mario Zapata, MD			Nurse Anesthetists			0.00
lohn Mazur, MD				Director of Nurses 1.00		
lames Wilson, MD			Registered Nurses 5.00 Certified Aides 0.00			
Carlos Rodriguez, MD			Certified Aides 0.00 Other Health Profs. 3.00			
=			Other Non-Health Profs 3.00			
Brendon McCarthy, DPM Allen Bloom, MD			TOTAL 13.00			
Alleri Bloom, MD			TOTAL			10.00
				HOURS OF	OPERATION	40
			Monday Tuesdav			10 10
			Wednesday			10
			Thursday			10
			Friday			10
			Saturday			0
			Sunday			0
NUMBER OF PA	TIENTS BY AGE G	ROUP	NUMBER OF PATIENT	TS BY PRIM	MARY PAYME	NT SOURCE
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years 4	6	10	Medicaid	0	0	0
15-44 years 98	218	316	Medicare	192	243	435
45-64 years 173	219	392	Other Public	0	0	0
65-74 years 120	158	278	Insurance	258	326	584
75+ years 89	109	198	Private Pay	34	141	175
TOTAL 484	710	1,194	Charity Care	0	0	0
			TOTAL	484	710	1,194

57.9%

1,176,313

0.0%

0

24.0%

487,413

0.0%

0

Total Net Revenue

0%

Expense

0

100.0%

2,031,371

18.1%

367,645

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	246	177.25	102.25	279.50	1.14
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	1	1.50	0.75	2.25	2.25
OB/Gynecology	2	1.50	1.00	2.50	1.25
Ophthalmology	450	208.25	150.00	358.25	0.80
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	115	48.75	28.50	77.25	0.67
Plastic	155	385.00	67.25	452.25	2.92
Podiatry	84	109.00	28.00	137.00	1.63
Thoracic	0	0.00	0.00	0.00	0.00
Urology	3	4.25	1.25	5.50	1.83
TOTAL	1056	935.50	379.00	1314.50	1.24

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	138	69.5	23	92.5	0.67
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	138	69.5	23	92.5	0.67

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 250 of 282 1/7/2014

MBULATORY SUI	RGICAL IF	REATMENT CEN	IER PROFIL	LE-2012 UAK	SURGICAL INSTITU	16		BRADLEY
Reference Numbe	ers	Facility Id 7	002702		Number of Operat	ing Rooms		2
Health Service Are	ea 009	Planning Se	ervice Area	091	Procedure Rooms	;		0
OAK SURGICAL IN	NSTITUTE	-			Exam Rooms			0
103 SOUTH KENN).			Number of Recove	erv Stations Stage	e 1	7
BRADLEY, IL 609°					Number of Recove	-		7
	10 2 102				rumbor of recove	ory Clations Clage	, _	,
Administrator			Date Con	-	Type of Ownersh	ip		
Joy Moore			2/20/	/2013	Limited Liability C		ired)	
					, , ,		/	
Registered Agent					HOSPI	TAL TRANSFER I	RELATIONS	HIPS
Margaret Frogge	е				HOSPITAL NAME	<u> </u>	NUMBI	ER OF PATIENTS
Property Owner					Riverside Healthc			1
Riverside Health	hcare				Tavorolao Floataro	aro riamanoo, n	_	0
								0
_egal Owner(s)								0
Legal Office (5)								0
Valley Investments	s, LLC							
Oakside Corporati	ion				_	TAFFING PATTEI	_	W/AL ENITS
					PERSONNEL	FULL	TIME EQU	IVALENTS
					Administrator			1.00
					Physicians			0.00
					Nurse Anesthetis			0.00
					Director of Nurses			1.00
					Registered Nurse	S		4.50
					Certified Aides	-		0.00
					Other Health Prof Other Non-Health			1.50
						PIOIS		4.25
					TOTAL			12.25
					DAYO	AND HOURS OF		
					Monday	AND HOURS OF	OPERATIO	10
					Tuesday			0
					Wednesday			10
					Thursday			10
					Friday			10
					Saturday			0
					Sunday			0
NUMBER	R OF PATIE	ENTS BY AGE G	ROUP		NUMBER OF PA	ATIENTS BY PRIM	MARY PAYN	IENT SOURCE
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU	RCE MALE	FEMALE	TOTAL
0-14 years	17	12	29	_	Medicaid	14	2	16
15-44 years	227	122	349		Medicare	64	97	161
45-64 years	185	208	393		Other Public	2	2	4
65-74 years	51	63	114		Insurance	414	323	737
75+ years	16	19	35	_	Private Pay	0	0	0
TOTAL	496	424	920		Charity Care	2	0	2
					TOTAL	496	424	920
		.	T DEVENU	E DV DAVOD CO'	IDCE EOD FICCAL	/EAD		
		NE	: I KEVENUI	E BY PAYOR SOL	JRCE FOR FISCAL	TEAK	Chority	Charity Care
Me al:	N.A -	dissid Other	· Dublia D	rivoto Ingresses	Drivota Davi	TOTALO	Charity	Charity Care
Medicare	Me			rivate Insurance	Private Pay	TOTALS	Care	Expense as % of Total Net Revenue
17.5%		1.7%	0.4%	80.3%	0.0%	100.0%	Expense	
588,366	5	8,200	14,457	2,701,066	0	3,362,089	40,9	58 1%

FACILITY NOTES

11-100 2/28/2012

Received permit to add podiatric surgery specialty to existing facility; facility is now Multi-Specialty facility.

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	905	965.50	500.00	1465.50	1.62
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	2	0.50	1.00	1.50	0.75
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	13	16.00	6.00	22.00	1.69
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	920	982.00	507.00	1489.00	1.62

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 252 of 282 1/7/2014

_									
eference Numl		,	003135	\ -	Number of Opera	J		3	
Health Service A		Planning Se	ervice Area 19	97	Procedure Rooms	5		1	
LAINFIELD SU					Exam Rooms			0	
4600 WEST 12		, BUILDNG C			Number of Recovery Stations Stage 1 8				
LAINFIELD, IL	60585				Number of Recov	ery Stations Stag	e 2	7	
dministrator			Date Comple	ete	Type of Ownersh	in			
Dolores Stam	, R.N.		2/7/20	13	Limited Liability C	-	iired)		
egistered Ager	nt				HOSPI	TAL TRANSFER	RELATIONS	HIPS	
Shannon Fox	Fraser				HOSPITAL NAME	<u> </u>	NUMBI	ER OF PATIENTS	
roperty Owner					Edward Hospital 8				
					Lawara Froophar	or or washingto	n Onoon, map	0	
								0	
egal Owner(s)								0	
								0	
Or. J.B. Joo					s	TAFFING PATTE	RNS		
Or. Allen Bloom	Oloor				PERSONNEL FULL-TIME EQUIVALENTS				
Or. Christopher	JISON .				Administrator			0.50	
Or. Craig Smith					Physicians			0.00	
Or. David Burt					Nurse Anesthetis	ts		0.00	
Dr. David Piazza					Director of Nurse	S		0.50	
Dr. Elizabeth Harvey Dr. Alan Chen Dr. Gregory Ward					Registered Nurse	s		8.00	
					Certified Aides			0.00	
					Other Health Prof			2.00	
Naperville Surgical Associates					Other Non-Health	Profs		4.00	
Or. John Lomba					TOTAL			15.00	
Or. Joseph Donz									
Dr. Narayan Tat						AND HOURS OF	OPERATIO		
Or. Robert Payto And Others	on				Monday			11	
And Others					Tuesday			11	
					Wednesday Thursday			11 11	
					Friday			11	
					Saturday			0	
					Sunday			0	
NUMB	ER OF PATIE	NTS BY AGE G	ROUP		NUMBER OF PA	ATIENTS BY PRI	MARY PAYN	IENT SOURCE	
AGE	MALE	FEMALE	TOTAL		PAYMENT SOU		FEMALE	TOTAL	
0-14 years	164	86	250		Medicaid	0	0	0	
15-44 years	310	391	701		Medicare	95	106	201	
45-64 years	349	357	706 170		Other Public Insurance	0 826	0 668	0 1,494	
65-74 years 75+ years	83 33	87 30	170 63		Private Pay	14	175	1,494	
TOTAL	939	951	1,890		Charity Care	4	2	6	
IOIAL	ชงช	90 I	1,090		TOTAL	939	951	1,890	
		NE	REVENUE B	Y PAYOR SOU	RCE FOR FISCAL	YEAR			
							Charity	Charity Care	
Medicare	N A	dicaid Other	Public Priva	ite Insurance	Private Pay	TOTALS	Care	Expense as % of	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 253 of 282

4,321,932

175,709

4,613,705

9,694

116,064

0

0

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	577	226.25	287.50	513.75	0.89
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	42	25.50	21.00	46.50	1.11
Ophthalmology	4	0.75	2.00	2.75	0.69
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	481	371.00	240.50	611.50	1.27
Otolaryngology	324	157.75	162.00	319.75	0.99
Pain Management	35	4.75	17.50	22.25	0.64
Plastic	184	269.25	92.00	361.25	1.96
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	52	42.00	26.00	68.00	1.31
TOTAL	1699	1,097.25	848.50	1945.75	1.15

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	1	191	52	95.5	147.5	0.77
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	191	52	95.5	147.5	0.77

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 254 of 282 1/7/2014

eference Num	bers	,	003049	Number of Operating Ro	oms		2	
Health Service	Area 009	Planning Se	ervice Area 091	Procedure Rooms			0	
		SURGERY CENT	ER	Exam Rooms			0	
800 RIVERSIDE				Number of Recovery Sta	_		0	
BOURBONNAIS	S, IL 60914-4	997		Number of Recovery Sta	tions Stage	2	6	
Administrator Carrie Stauff	enberg		Date Complete 2/26/2013	Type of Ownership Limited Liability Partnership (RA required)				
Registered Age				HOSPITAL TE	RANSFER	RELATIONS	HIPS	
Margaret H.				HOSPITAL NAME		NUMBI	ER OF PATIE	NTS
Property Owne Riverside Me				Riverside Medical Cente	r, Kankake	е		0
egal Owner(s)							
Valerie Goldfai	•			STAFFII	NG PATTE	RNS		
Steven William Saroja Yalama				PERSONNEL				
Saroja Talairia Robert Martin, I				Administrator			1.00	
Robert Brockm				Physicians			0.00	
	•			Nurse Anesthetists			0.00	
Riverside Medical Center Renuka Ramakrishna, M.D.			Director of Nurses			0.00		
	•			Registered Nurses			4.00	
Paul Rowland,				Certified Aides			0.00	
Marc Fisher, M				Other Health Profs.			3.00	
Jerome Swale,	M.D.			Other Non-Health Profs			2.00	
Elizabeth Hofm Dong Ounk Kin	•			TOTAL			10.00	
Dong Ounk Kin	i, ivi.D.			DAYS AND I	HOURS OF	OPERATIO	N	
				Monday			9	
				Tuesday			9	
				Wednesday			9	
				Thursday			9	
				Friday Saturday			9	
				Salurday Sunday			0	
NUME	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRI	MARY PAYN		E
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	11	12	23	Medicaid	13	27	40	
15-44 years	48	55	103	Medicare	471	687	1,158	
45-64 years	168	239	407	Other Public	0	0	0	
65-74 years	229	361	590	Insurance	236	302	538	
75+ years	268	352	620	Private Pay	4	3	7	
TOTAL	724	1,019	1,743	Charity Care TOTAL	724	1,019	1,743	
						• •		
		NI	T REVENUE BY PAYO	OR SOURCE FOR FISCAL YEAR				
Medicare	e Me	dicaid Othe	r Public Private Insur	ance Private Pay TOT/	ALS	Charity Care	Charity Care	

30.9%

747,988

0.4%

9,692

100.0%

2,423,027

66.4%

1,609,860

2.3%

55,487

0.0%

0

Total Net Revenue

0%

Expense

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	58	48.00	27.75	75.75	1.31
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	28	30.25	13.75	44.00	1.57
Ophthalmology	1206	462.75	436.75	899.50	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	16	9.75	7.50	17.25	1.08
Pain Management	27	9.75	9.00	18.75	0.69
Plastic	314	372.50	160.25	532.75	1.70
Podiatry	94	110.25	42.50	152.75	1.63
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1743	1,043.25	697.50	1740.75	1.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Numbers	Facility Id 7	002595		Number of Operating Ro	oms		4
Health Service Area 009	Planning Se	ervice Area	197	Procedure Rooms			1
OUTHWEST SURGERY C	ENTER, LLC			Exam Rooms			0
9110 DARVIN DRIVE				Number of Recovery Sta	itions Stage	1	16
MOKENA, IL 60448				Number of Recovery Sta	itions Stage	2	10
Administrator		Date Con	•	Type of Ownership			
Michael Cherny		2/27	/2013	Limited Liability Compan	ıy (RA requi	red)	
Registered Agent				HOSPITAL TI	DANGEED E	PEI ATIONSHI	DS
Ed Green				HOSPITAL NAME	VAIVOI EIV I		OF PATIEN
Property Owner				St. James Hospital, Olyr	mnia Fiolds	NOMBER	OFFAILN
				St. James Hospital, Olyi	lipia rielus		
.egal Owner(s)							
ogui e imor(e)							
Michael McDermott				STAFFING PATTERNS			
Daniei Troy David Lubeck	aniel Troy			PERSONNEL	FULL	-TIME EQUIV	ALENTS
Eli Lelis				Administrator			1.00
Frank Narcisi				Physicians			0.00
Jason Hurbanek				Nurse Anesthetists			0.00
				Director of Nurses			2.00
Jeff Flagg				Registered Nurses		11.00	
Carey Templin				Certified Aides			0.00
Michael Cherny				Other Health Profs. Other Non-Health Profs			2.00 11.00
Stan Knight				TOTAL			27.00
Michel Malek				TOTAL			27.00
Neal Labana				DAVE AND	IOURS OF	ODEDATION	
Patrick Sweeney					HOURS OF	OPERATION	
Phil Narcissi And Others				Monday Tuesday			8 8
				Wednesday			8
				Thursday			8
				Friday			8
				Saturday			0
				Sunday			0
NUMBER OF PAT	TIENTS BY AGE G	ROUP		NUMBER OF PATIENT	TS BY PRIM	IARY PAYMEI	NT SOURCE
AGE MALE	FEMALE	TOTAL	_	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years 4	6	10		Medicaid	1	12	13
15-44 years 277	216	493		Medicare	556	931	1,487
45-64 years 472	593	1,065		Other Public Insurance	0 736	0 712	1 449
65-74 years 302 75+ years 290	513 448	815 738		Private Pay	736 52	121	1,448 173
TOTAL 1,345	1,776	3,121	<u> </u>	Charity Care	0	0	0
101AL 1,343	1,770	3,121		TOTAL	1,345	1,776	3,121

Charity **Charity Care** Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 9.2% 0.1% 0.0% 85.8% 4.9% 100.0% 1,188,855 9,615 0% 0 11,114,830 638,537 12,951,836 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 257 of 282

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	5	4.40	5.80	10.20	2.04
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	17	15.00	19.80	34.80	2.05
Ophthalmology	1302	656.20	969.40	1625.60	1.25
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1007	1,450.00	1,168.00	2618.00	2.60
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	532	234.00	191.60	425.60	0.80
Plastic	75	186.00	75.00	261.00	3.48
Podiatry	183	219.60	175.60	395.20	2.16
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	3121	2,765.20	2,605.20	5370.40	1.72

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 258 of 282 1/7/2014

eference Numbers	Facility Id 70	003151	Number of Operating Room	ms		1
Health Service Area 01	0 Planning Se	rvice Area 161	Procedure Rooms			0
DIALYSIS ACCESS CENT	ER, LLC		Exam Rooms			0
00 JOHN DEERE ROAD,	BLDG. 2		Number of Recovery Station	ons Stage	1	2
OLINE, IL 61265			Number of Recovery Station	ons Stage	2	2
Administrator V.R. Alla, M.D.		Date Complete 2/28/2013	Type of Ownership Limited Liability Company	(RA requi	red)	
Registered Agent			HOSPITAL TRA	ANSFER F	RELATIONSHI	PS
V.R. Alla, M.D.			HOSPITAL NAME		NUMBER	OF PATIENT
Property Owner RRS Investments, LP			Trinity Medical Center - Ro	ock Island	Campus	
.egal Owner(s)						
V.R. Alla, M.D.			STAFFIN	G PATTER	RNS	
Suresh Alla, M.D. Rakesh Alla			PERSONNEL		-TIME EQUIV	ALENTS
Rajesh Alla, M.D.			Administrator			0.50
Rajesii Alia, M.D.			Physicians			0.00
			Nurse Anesthetists			0.00
			Director of Nurses			1.00
			Registered Nurses			2.00
			Certified Aides			0.00
			Other Health Profs.			2.00
			Other Non-Health Profs			0.00
			TOTAL			5.50
			DAYS AND HO	OURS OF	OPERATION	
			Monday			0
			Tuesday			10
			Wednesday Thursday			0 10
			Friday			0
			Saturday			11
			Sunday			0
NUMBER OF PA	ATIENTS BY AGE G	ROUP	NUMBER OF PATIENTS	BY PRIM	IARY PAYMEI	NT SOURCE
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years 0	0	0	Medicaid	8	4	12
15-44 years 9	3	12	Medicare	57	58	115
45-64 years 45	22	67	Other Public	0	0	0
65-74 years 16	17	33	Insurance	25	5	30
75+ years 20	25	45	Private Pay	0	0	0
TOTAL 90	67	157	Charity Care TOTAL	90	0 67	0 157

Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 43.4% 7.8% 0.0% 48.8% 0.0% 100.0% 108,295 19,427 121,653 249,375 0 0% 0 0

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	157	93.25	49.50	142.75	0.91
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	157	93.25	49.50	142.75	0.91

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Numbe	ers	Facility Id 7	002520	Number of Operating Ro	oms		2	
Health Service Ar	ea 010	Planning S	ervice Area 161	Procedure Rooms			0	
QUAD CITY AMBL	JLATORY S	SURGERY CENT	ER, LLC	Exam Rooms			0	
520 VALLEY VIEV	/ DR., #300			Number of Recovery Sta	tions Stage	e 1	4	
MOLINE, IL 6126	5			Number of Recovery Sta	tions Stage	e 2	4	
Administrator Mary Ann Sear	s, R.N., MS		Date Complete 2/27/2013	Type of Ownership Limited Liability Compan	y (RA requ	ired)		
Registered Agent				HOSPITAL TE	RANSFER	RELATIONS	HIPS	
Peter Benson				HOSPITAL NAME		NUMB	ER OF PATIEN	NTS
Property Owner QCASC INC				TRINITY MEDICAL CENT TRINIT MEDICAL CENT ILLINI HOSPITAL - 801	ER - 500 J	OHN DEER	E ROAD -	2 0 0
Legal Owner(s)								0
Tom VonGillern				STAFFII	NG PATTE	RNS		Ü
Steve Boardman				PERSONNEL	_	L-TIME EQU	IVALENTS	
Shawn Wynn				Administrator		= = = = =	1.00	
R. Scott Collins				Physicians			0.00	
Peter Alward				Nurse Anesthetists			0.00	
Mike Turner				Director of Nurses			1.00	
Mark Stewart				Registered Nurses			9.40	
Jason Clark				Certified Aides			0.50	
Ed Connolly				Other Health Profs.			3.40	
				Other Non-Health Profs			2.50	
				TOTAL			17.80	
				DAYS AND I	HOURS OF	OPERATIO	N	
				Monday			10	
				Tuesday			10	
				Wednesday			10	
				Thursday			10	
				Friday Saturday			10 0	
				Sunday			0	
NUMBE	R OF PATIF	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	rs by Prii	MARY PAYN		=
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	
0-14 years	14	10	24	Medicaid	12	21	33	
15-44 years	218	186	404	Medicare	400	634	1,034	
45-64 years	506	583	1,089	Other Public	47	19	66	
65-74 years	232	312	544	Insurance	684	707	1,391	
75+ years	174	290	464	Private Pay	1	0	1	
TOTAL	1,144	1,381	2,525	Charity Care	0	0	0	
				TOTAL	1,144	1,381	2,525	
		N	ET REVENUE BY PAYO	OR SOURCE FOR FISCAL YEAR				
				_		Charity	Charity Ca	
Medicare	Med	dicaid Othe	r Public Private Insur	rance Private Pay TOTA	ALS	Care	Expense as	
4 00/		4.00/	4 CO/	7 20/ 0 70/ 40/	00/	Expense	Total Net Rev	

87.3%

4,638,853

1.2%

63,058

1.2%

61,867

1.6%

85,273

Total Net Revenue

0%

Expense

0

100.0%

5,311,376

8.7%

462,325

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	3	3.25	1.00	4.25	1.42
Orthopedic	1508	895.25	110.25	1005.50	0.67
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	962	0.25	0.50	0.75	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	52	57.25	11.75	69.00	1.33
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2525	956.00	123.50	1079.50	0.43

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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oference Numbers Facility Id 7003125 ealth Service Area 010 Planning Service Area 16 JAD CITY ENDOSCOPY LLC 40 7TH STRFFT	Number of Operating Rooms 0
IAD CITY ENDOSCOPY LLC	Procedure Rooms 2
40 7TH STREET	Exam Rooms 0
	Number of Recovery Stations Stage 1 6
OLINE, IL 61265-6867	Number of Recovery Stations Stage 1 0 Number of Recovery Stations Stage 2 2
	Number of Necovery Stations Stage 2
dministratorDate CompletionSreenivas Chintalapani2/8/20°	Type of Ownership Limited Liability Company (RA required)
egistered Agent	
Sreenivas Chintalapani	HOSPITAL TRANSFER RELATIONSHIPS
roperty Owner	HOSPITAL NAME NUMBER OF PATIENT
GIC Real Estate Investments, LLC	Trinity Moline, Moline, IL Trinity Rock Island, Rock Island, IL
egal Owner(s)	
Sreenivas Chintalapani Shashinath Chandrahasegowda	STAFFING PATTERNS
Bettaiah T. Gowda	PERSONNEL FULL-TIME EQUIVALENTS
Bavikatte N. Shivakumar	Administrator 0.00
Savikatie N. Shivakumai	Physicians 0.00
	Nurse Anesthetists 0.00
	Director of Nurses 1.00
	Registered Nurses 2.00
	Certified Aides 0.00
	Other Health Profs. 3.00
	Other Non-Health Profs 3.00
	TOTAL 9.00
	DAYS AND HOURS OF OPERATION
	Monday 9
	Tuesday 9
	Wednesday 9
	Thursday 9
	Friday 9
	Saturday 0 Sunday 0
NUMBER OF PATIENTS BY AGE GROUP AGE MALE FEMALE TOTAL	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE PAYMENT SOURCE MALE FEMALE TOTAL
0-14 years 0 0 0	Medicaid 45 113 158
15-44 years 186 242 428	Medicare 716 857 1,573
45-64 years 788 744 1,532	Other Public 19 12 31
65-74 years 397 445 842	Insurance 874 807 1,681
75+ years 305 365 670	Private Pay 22 7 29
TOTAL 1,676 1,796 3,472	Charity Care 0 0 0
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTAL 1,676 1,796 3,472
NET REVENUE B	YOR SOURCE FOR FISCAL YEAR
NET REVENUE B	YOR SOURCE FOR FISCAL YEAR

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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64.3%

1,132,604

0.5%

9,038

1.0%

17,398

26.4%

465,325

Total Net Revenue

0%

Expense

0

100.0%

1,762,577

7.8%

138,212

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	2	3472	700.25	1736	2436.25	0.70
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	2	3472	700.25	1736	2436.25	0.70

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development

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eference Numbers	Facility Id 7	003136	Number of Operating Ro	oms		2	
Health Service Area 010	Planning S		Procedure Rooms	-		6	
SC ILLINOIS LLC			Exam Rooms			0	
45 VALLEY VIEW DRIVE			Number of Recovery Sta	tions Stage	1	0	
10LINE, IL 61265-6138			Number of Recovery Sta	_		0	
•		Data Campleto				•	
dministrator Jennifer Swanson		Date Complete 2/28/2013	Type of Ownership				
Jennier Swanson		2/20/2013	Limited Liability Compan	y (RA requi	red)		
legistered Agent			HOSPITAL TR	RANSFER F	RELATIONS	HIPS	
Rao V Movva			HOSPITAL NAME		NUMBE	R OF PATIE	NTS
roperty Owner			Trinity Medical Center, R	ock Island.			23
Valley View Realty			Trinity Medical Center, M				2
			Genesis Illini Campus, S	ilvis, IL			3
egal Owner(s)							0
Vishnu Movva							0
Vedavathi Movva				NG PATTER	_		
Sita Movva			PERSONNEL	FULL	-TIME EQUI	VALENTS	
Shanti Movva			Administrator			1.00	
Rao V Movva			Physicians			0.00	
Arvind Movva			Nurse Anesthetists			0.00	
Anjayya Movva			Director of Nurses			0.00	
• • •			Registered Nurses			13.00	
Allied Surgical Partners, Inc.			Certified Aides			15.10	
			Other Health Profs.			0.00	
			Other Non-Health Profs			1.00	
			TOTAL			30.10	
			DAYS AND H	OURS OF	OPERATIO	N	
			Monday			10	
			Tuesday			10	
			Wednesday			10	
			Thursday			10	
			Friday			10	
			Saturday Sunday			0 0	
NUMBER OF PATIE	NTC DV ACE O	DOUD	NUMBER OF PATIENT	C DV DDIM	ADV DAVM		·E
AGE MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL	' -
0-14 years 126	135	261	Medicaid	359	646	1,005	
15-44 years 908	1,293	2,201	Medicare	2,133	2,177	4,310	
45-64 years 2,660	2,773	5,433	Other Public	80	64	144	
65-74 years 1,586	1,495	3,081	Insurance	3,508	3,660	7,168	
75+ years 838	932	1,770	Private Pay	38	81	119	
TOTAL 6,118	6,628	12,746	Charity Care	0	0	0	
			TOTAL	6,118	6,628	12,746	
	N	ET REVENUE BY P	YOR SOURCE FOR FISCAL YEAR				
	N	ET REVENUE BY P	AYOR SOURCE FOR FISCAL YEAR		Charity	Charity C	are

FACILITY NOTES

21.2%

1,596,977

11-101 2/28/2012

Received permit to add otolaryngology specialty to existing facility.

3.6%

273,257

1.1%

81,453

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 265 of 282

73.4%

5,534,127

0.7%

51,022

100.0%

7,536,836

Total Net Revenue

0%

Expense

0

1/7/2014

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	108	81.00	81.00	162.00	1.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	33	8.25	16.50	24.75	0.75
Pain Management	37	37.00	37.00	74.00	2.00
Plastic	94	188.00	94.00	282.00	3.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	272	314.25	228.50	542.75	2.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	5	8760	4380	4380	8760	1.00
GI/Pain	1	3714	928.5	1857	2785.5	0.75
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	6	12474	5308.5	6237	11545.5	0.93

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Reference Numb	ers	Facility Id 70	001811	Number of Operating	Rooms		2
Health Service A	rea 011	Planning Se	rvice Area 163	Procedure Rooms			0
BEL-CLAIR AMB	ULATORY SU	_	MENT CENTER	Exam Rooms			1
25 WEST LINCO	DLN			Number of Recovery	Stations Stage	e 1	2
BELLEVILLE, IL	62220-1921			Number of Recovery	Stations Stage	e 2	6
dministrator			Date Complete	Type of Ownership			
David Horace			2/27/2013	Type of Ownership Corporation (RA requ	uired)		
Registered Agen				HOSPITAI	L TRANSFER	RELATIONS	HIPS
DAVID R HOP	RACE			HOSPITAL NAME		NUMBI	ER OF PATIENTS
Property Owner WEST LINCO	LN BUILDING	G, LLC		ST ELIZABETH'S HO	OSPITAL		0 0 0
.egal Owner(s)							0
STEPHEN SCH DAVID HORACE				STA	FFING PATTE	RNS	
DVAND I JOKACE	=			PERSONNEL	FUL	L-TIME EQU	IVALENTS
				Administrator			0.50
				Physicians			0.00
				Nurse Anesthetists			0.00
				Director of Nurses			1.00
				Registered Nurses			5.00
				Certified Aides Other Health Profs.			0.00 1.00
				Other Non-Health Pr	ofe		1.50
				TOTAL	0.0		9.00
				DAVS AN	ND HOURS OF	ODEDATIO	NI.
				Monday	ID HOUKS OF	OFERATIO	8
				Tuesday			8
				Wednesday			8
				Thursday			8
				Friday			8
				Saturday			0
				Sunday			0
		NTS BY AGE G		NUMBER OF PATI			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURC Medicaid		FEMALE	TOTAL
0-14 years 15-44 years	0 55	0 66	0 121	Medicare	0 214	0 273	0 487
45-64 years	385	510	895	Other Public	3	3	6
65-74 years	210	245	455	Insurance	557	714	1,271
75+ years	125	171	296	Private Pay	1	2	3
TOTAL	775	992	1,767	Charity Care	0	0	0
			, -	TOTAL	775	992	1,767
		NE	T REVENUE BY PA	YOR SOURCE FOR FISCAL YE	AR		
Medicare	Maa	licaid Other	Public Private Ins	urance Private Pay T	OTALS	Charity Care	Charity Care Expense as % o
				•		Expense	Total Net Revenu
18.4%		0.1%	0.0%	71.8% 9.7%	100.0%	Fybolise	. Otal Not Nevella

676,476

0

91,422

942,495

173,583

1,014

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	1693	565.00	705.25	1270.25	0.75
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	74	37.00	37.00	74.00	1.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1767	602.00	742.25	1344.25	0.76

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Reference Numb	ers	Facility Id 7	001175		Number of Opera	ating Rooms		4	
Health Service A		Planning S		3	Procedure Room	-		0	
BELLEVILLE SUF		J			Exam Rooms			0	
8 NORTH 64TH		,			Number of Reco	very Stations Stag	ne 1	7	
BELLEVILLE, IL						very Stations Stag		8	
•			Data Cample				,	-	
Administrator Diana Geoghe	agon		Date Comple 2/5/201		Type of Owners	ship			
Diana Geogne	gan		2/3/20	10	Limited Partners	hip (RA required)			
Registered Agen	nt				цоеп	NTAL TRANSFER	DEL ATIONS	HIDE	
CT Corporatio					HOSPITAL TRANSFER RELATIONSHIPS HOSPITAL NAME NUMBER OF PATIENTS				
Property Owner	,						INUIVID	ER OF PATIENTS	
. ,					Memorial Hospit	aı		0	
								0	
egal Owner(s)								0	
egai Owner(s)								0	
Surgicare of Bell	eville				·	CTAFFING DATE	-DNC		
Surgical Care Aff					STAFFING PATTERNS PERSONNEL FULL-TIME EQUIVALENTS				
Surgery Center F	-								
Mitchell Needlem	nan, DPM				Administrator			1.00	
Mark Nekola, MD)				Physicians Nurse Anestheti	oto		0.00 0.00	
Donald Weimer, MD					Director of Nurse			1.00	
ASC Acquisition,	LLC				Registered Nurs			5.00	
					Certified Aides			0.00	
					Other Health Pro	ofs.		0.00	
					Other Non-Healt			3.00	
					TOTAL			10.00	
						S AND HOURS O	F OPERATIO		
					Monday			10	
					Tuesday			12	
					Wednesday Thursday			10 10	
					Friday			10	
					Saturday			0	
					Sunday			0	
NUMBE	ER OF PAT	IENTS BY AGE G	ROUP		NUMBER OF F	PATIENTS BY PR	IMARY PAYN	IENT SOURCE	
AGE	MALE	FEMALE	TOTAL		PAYMENT SOL	URCE MALE	FEMALE	TOTAL	
0-14 years	12	15	27		Medicaid	8	44	52	
15-44 years	64	142	206		Medicare	154		453	
45-64 years	175	292	467		Other Public	12		43	
65-74 years	90	189	279		Insurance	244	409	653	
75+ years	87	159	246		Private Pay	7	14	21	
TOTAL	428	797	1,225		Charity Care	3	0	3	
					TOTAL	428	797	1,225	
		N	ET REVENUE B	Y PAYOR SOL	JRCE FOR FISCAL	YEAR	C ! ::	OL '' 0	
Madiaara	K.4.	adiacid Oth	r Dublio Drive	to Inquirance	Drivota Day	TOTALO	Charity Care	Charity Care Expense as % of	
Medicare	IVI			te Insurance	Private Pay	TOTALS	Expense	Total Net Revenue	
1.6%		27.6%	4.7%	65.5%	0.6%	100.0%	-yhense	i otal Net Kevellu	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 269 of 282

1,120,264

9,563

1,710,176

27,750

471,896

80,703

0%

1,793

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	29	11.00	9.00	20.00	0.69
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	6	3.00	2.00	5.00	0.83
Laser Eye Surgery	43	7.00	1.50	8.50	0.20
Neurological	141	39.00	31.00	70.00	0.50
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	424	154.00	142.50	296.50	0.70
Oral/Maxillofacial	40	20.00	13.50	33.50	0.84
Orthopedic	259	210.00	199.00	409.00	1.58
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	283	188.00	118.00	306.00	1.08
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1225	632.00	516.50	1148.50	0.94

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 270 of 282 1/7/2014

eference Num	bers	,	002504	Number of Operating Ro	oms		2		
Health Service		_	ervice Area 119	Procedure Rooms			1		
		DRY SURGERY	CENTER, LLC	Exam Rooms			0		
12 GINGER CRE		AY		Number of Recovery Sta	_		4		
GLEN CARBON	, IL 62034			Number of Recovery Sta	itions Stage	2	4		
Administrator			Date Complete	Type of Ownership	Type of Ownership				
Michelle Loor	ney/Jim Flynn	, CO	2/27/2013	Limited Liability Compan	ıy (RA requi	red)			
Registered Age				HOSPITAL TE	RANSFER F	RELATIONSH	IPS		
	ration Service	e C		HOSPITAL NAME			R OF PATIENTS		
Property Owner	•			Gateway Regional Medic	cal Center		0		
NA				. •			0		
							0		
_egal Owner(s)							0		
Ronald Gould, N	MD						U		
R. Craig McKee					STAFFING PATTERNS				
Peter Anderson	, MD			PERSONNEL	FULL-TIME EQUIVALENTS				
Michael Jones,	MD			Administrator			1.00		
James Sola, MI)			Physicians	0.00 0.00				
Gregory Randle	, MD			Nurse Anesthetists Director of Nurses	1.00				
Granite City Illinois Hospital				Registered Nurses			5.20		
Craig Beyer, MD				Certified Aides	0.00				
Alan Gitersonke				Other Health Profs.			1.00		
	.,			Other Non-Health Profs					
				TOTAL			11.00		
				DAVE AND I	HOLIDS OF	OPERATION			
				Monday	HOUKS UF	OFERAIION	10		
				Tuesday			10		
				Wednesday			10		
				Thursday			10		
				Friday			10		
				Saturday			0		
				Sunday			0		
NUMB	BER OF PATI	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	TS BY PRIM		NT SOURCE		
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL		
0-14 years	5	1	6	Medicaid	47	102	149		
15-44 years	130	220	350	Medicare	307	480	787		
45-64 years	386	471	857	Other Public	57	40	97		
65-74 years	159 175	271	430	Insurance Private Pay	440	545 25	985		
75+ years	175	229	404	Private Pay Charity Care	4 0	25 0	29 0		
TOTAL	855	1,192	2,047	TOTAL	855	1,192	2,047		
				TOTAL	000	1,132	2,041		
		N	ET REVENUE BY PAY	OR SOURCE FOR FISCAL YEAR					
						Charity	Charity Care		
Medicare	Me	dicaid Othe	r Public Private Insu	ırance Private Pay TOT	ALS	•	Expense as % of		
31 0%		5 2%		.,		Expense T	-		

60.9%

1,243,117

0.5%

10,997

5.2%

106,516

31.9%

651,620

Total Net Revenue

0%

Expense

0

100.0%

2,042,225

1.5%

29,975

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	224	46.00	40.50	86.50	0.39
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	43	11.75	10.00	21.75	0.51
Ophthalmology	352	72.75	39.00	111.75	0.32
Oral/Maxillofacial	5	1.50	1.50	3.00	0.60
Orthopedic	528	247.75	114.25	362.00	0.69
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	633	127.25	154.25	281.50	0.44
Plastic	217	104.75	59.50	164.25	0.76
Podiatry	45	23.50	11.00	34.50	0.77
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	2047	635.25	430.00	1065.25	0.52

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	1	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 272 of 282

1/7/2014

MBULATORY SI	URGICAL TR	EATMENT CEN	TER PROFILE-2012	HOPE CLINIC FOR WOMEN, LTD	, THE	G	GRANITE CITY
Reference Numb	ers	Facility Id 7	001084	Number of Operating Roor	ns		0
Health Service A	rea 011	Planning S	ervice Area 119	Procedure Rooms			3
HOPE CLINIC FO	OR WOMEN, I	_		Exam Rooms			2
602-21ST STRE	ET			Number of Recovery Station	ons Stage	e 1	8
GRANITE CITY, I				Number of Recovery Station	_		0
Administrator			Date Complete				
Tarmara Threl	lkeld RN, BSN	I	2/26/2013	Type of Ownership Corporation (RA required)			
Registered Agen	nt			HOSPITAL TRA	NSFFR	RFI ATIONS	HIPS
Tamara Threll	keld, RN, BSN	I		HOSPITAL NAME			ER OF PATIENTS
Property Owner				Gateway Regional Medica	l Center		
United Realty	LLC			Barnes Jewish Hospital - S			3 0
.egal Owner(s)							0
Hector Zevallos				STAFFING	PATTE	RNS	
				PERSONNEL	FULI	L-TIME EQU	IVALENTS
				Administrator	-		3.00
				Physicians			2.00
				Nurse Anesthetists			0.00
				Director of Nurses			1.00
				Registered Nurses			1.00
				Certified Aides			3.00
				Other Health Profs.			1.00
				Other Non-Health Profs			5.00
				TOTAL			16.00
				DAYS AND HO	OURS OF	OPERATIO	N
				Monday			6
				Tuesday			11
				Wednesday			6
				Thursday			6
				Friday			6
				Saturday Sunday			6 0
NUMBE	FR OF PATIF	NTS BY AGE G	ROUP	NUMBER OF PATIENTS	BY PRII	MARY PAYN	·
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14 years	0	19	19	Medicaid	0	0	0
15-44 years	0	2,605	2,605	Medicare	0	0	0
45-64 years	0	0	0	Other Public	0	0	0
65-74 years	0	0	0	Insurance	0	0	0
75+ years	0	0	0	Private Pay	0	2,624	2,624
TOTAL	0	2,624	2,624	Charity Care	0	0	0
				TOTAL	0	2,624	2,624
		Ni	ET REVENUE BY PA	YOR SOURCE FOR FISCAL YEAR			
						Charity	Charity Care
Medicare	Med	icaid Othe	r Public Private Ins	surance Private Pay TOTAL	S	Care	Expense as % of
0.0%		0.0%	0.0%	0.0% 100.0% 100.0		Expense	Total Net Revenue
0.070			-	0.070 100.070 100.0			0 00/

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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0

1,736,000

1,736,000

0

0%

0

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Gynecology	3	2624	88	306	394	0.15
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	3	2624	88	306	394	0.15

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 274 of 282 1/7/2014

	nbers	Facility Id 70	001316	Number of Operating Ro	oms		2	
Health Service	Area 011	Planning Se	ervice Area 163	Procedure Rooms			0	
LLINOIS EYE S	SURGEONS C	ATARACT SUR	GERY CENTER	Exam Rooms			0	
990 N. ILLINO	IS STREET			Number of Recovery Sta	tions Stage	e 1	3	
BELLEVILLE, IL	62226-1962			Number of Recovery Sta	tions Stage	2	0	
Administrator			Date Complete	Turne of Ourmanakin				
Nancy A Mu	eth, R.N.		2/21/2013	Type of Ownership Corporation (RA required	i)			
Registered Age				HOSPITAL TE	RANSFER	RELATIONS	HIPS	
Barry D. Dix,	-			HOSPITAL NAME		NUMBE	ER OF PATIENTS	
Property Owne				St. Elizabeth's Hospital E	Belleville		0	
THBT Prope	rties			Memorial Hospital			0	
							0	
.egal Owner(s))						0	
Terence G. Klir	ngele M.D.						_	
Michael P. Jon	es M.D.				NG PATTE		D/AL ENTO	
Homer A. Ferg	uson M.D.			PERSONNEL	FULI	TIME EQU		
Bart A. Jones N	Л.D.			Administrator			1.00	
				Physicians Nurse Anesthetists			0.00 0.00	
				Director of Nurses			0.00	
				Registered Nurses			6.00	
				Certified Aides			0.00	
				Other Health Profs.			2.00	
				Other Non-Health Profs			3.00	
				TOTAL			12.00	
				DAYS AND HOURS OF OPERATION				
				Monday			8	
				Tuesday			8	
				Wednesday			8	
				Thursday Friday			8 6	
				Saturday			0	
				Sunday			0	
		NTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRIM	MARY PAYM	ENT SOURCE	
NUME	BER OF PATIE					FEMALE	TOTAL	
	BER OF PATIE MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	ILIVIALL		
		FEMALE 0	TOTAL 0	Medicaid	22	42	64	
AGE 0-14 years 15-44 years	MALE 0 87	0 79	0 166	Medicaid Medicare	22 1,222	42 1,917	3,139	
AGE 0-14 years 15-44 years 45-64 years	MALE 0 87 406	0 79 576	0 166 982	Medicaid Medicare Other Public	22 1,222 4	42 1,917 5	3,139 9	
O-14 years 15-44 years 45-64 years 65-74 years	MALE 0 87 406 647	0 79 576 982	0 166 982 1,629	Medicaid Medicare Other Public Insurance	22 1,222 4 458	42 1,917 5 595	3,139 9 1,053	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 87 406 647 687	0 79 576 982 1,061	0 166 982 1,629 1,748	Medicaid Medicare Other Public Insurance Private Pay	22 1,222 4 458 121	42 1,917 5 595 139	3,139 9 1,053 260	
AGE	MALE 0 87 406 647	0 79 576 982	0 166 982 1,629	Medicaid Medicare Other Public Insurance	22 1,222 4 458	42 1,917 5 595	3,139 9 1,053	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 87 406 647 687	0 79 576 982 1,061 2,698	0 166 982 1,629 1,748 4,525	Medicaid Medicare Other Public Insurance Private Pay Charity Care TOTAL	22 1,222 4 458 121 0	42 1,917 5 595 139 0	3,139 9 1,053 260 0	
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	MALE 0 87 406 647 687	0 79 576 982 1,061 2,698	0 166 982 1,629 1,748 4,525	Medicaid Medicare Other Public Insurance Private Pay Charity Care	22 1,222 4 458 121 0	42 1,917 5 595 139 0	3,139 9 1,053 260 0	

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 275 of 282

1,117,598

2,508,973

27,636

10,283

0%

3,820,281

0

155,791

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	983	444.00	51.00	495.00	0.50
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	3542	1,558.00	647.00	2205.00	0.62
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	4525	2,002.00	698.00	2700.00	0.60

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 276 of 282

eference Nun	nbers	Facility Id	7003161	Number of Opera	ting Rooms		2
Health Service	Area 011	Planning S	Service Area 133	Procedure Rooms	Procedure Rooms		
MONROE COU	NTY SURGIC	AL CENTER, LL	.C	Exam Rooms	Exam Rooms		
01 HAMACHE	R STREET			Number of Recov	ery Stations Stage	e 1	8
VATERLOO, IL	62298			Number of Recov			0
Administrator Brad Deutch	, RN		Date Complete 2/18/2013	Type of Ownership Limited Liability Company (RA required)			
Registered Age	ent			HOSPI	TAL TRANSFER	RELATIONS	HIPS
Donald Scho	oemaker			HOSPITAL NAME	_		ER OF PATIENT
roperty Owne	er			Red Bud Regiona			
Medical Dev	elopment Corp	D.		rtou Bud rtogione			
egal Owner(s)						
William Reilly				s	TAFFING PATTE	RNS	
William Rebholz Ricardo Rao			PERSONNEL	_	L-TIME EQUI	VALENTS	
Michael Kirk				Administrator			1.00
Ketan Shah				Physicians			0.00
			Nurse Anesthetis	Nurse Anesthetists			
Keith Wilkey			Director of Nurse	Director of Nurses			
Gregory Randle	Э			Registered Nurse	Registered Nurses		
Donald Unwin				Certified Aides			
David King				Other Health Prof	Other Health Profs.		
Christopher Vu	lin			Other Non-Health	Other Non-Health Profs		
				TOTAL			4.00
				DAYS	AND HOURS OF	OPERATIO	N
				Monday			9
				Tuesday			9
				Wednesday			9
				Thursday			9
				Friday			9
				Saturday			0 0
NUIMI	DED OF DATI	ENTS BY AGE (CROUR	Sunday	ATIENTS BY PRI	MARY DAYM	
AGE	MALE	FEMALE	TOTAL	PAYMENT SOU		FEMALE	TOTAL
0-14 years	73	51	124	Medicaid	19	21	40
15-44 years	69	65	134	Medicare	161	190	351
45-64 years	117	120	237	Other Public	21	16	37
65-74 years	80	91	171	Insurance	222	193	415
75+ years	84	93	177	Private Pay	0	0	0
TOTAL	423	420	843	Charity Care	0	0	0
				TOTAL	423	420	843
		.	IET DEVENUE DV DA	VOD COLIDOE FOR FISCAL	VEAD		
		N	IET REVENUE BY PA	YOR SOURCE FOR FISCAL	YEAR	Charity	Charity Care
Medicare	e Me	dicaid Othe	er Public Private Ins	urance Private Pay	TOTALS	Care	Expense as %

77.3%

1,156,669

0.0%

0

100.0%

1,496,453

19.8%

295,575

0.0%

0

3.0%

44,209

Total Net Revenue

0%

Expense

0

1/7/2014

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	33	29.00	16.50	45.50	1.38
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	142	68.76	71.00	139.76	0.98
General Surgery	25	21.83	12.50	34.33	1.37
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	103	49.35	51.50	100.85	0.98
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	72	93.13	54.00	147.13	2.04
Otolaryngology	212	120.32	106.00	226.32	1.07
Pain Management	204	55.90	102.00	157.90	0.77
Plastic	5	2.60	2.30	4.90	0.98
Podiatry	25	19.95	12.50	32.45	1.30
Thoracic	0	0.00	0.00	0.00	0.00
Urology	22	17.93	11.00	28.93	1.32
TOTAL	843	478.77	439.30	918.07	1.09

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 278 of 282

	bers	Facility Id 70	002132	Number of Operating Ro	oms		0
Health Service	Area 011	Planning Se	ervice Area 119	Procedure Rooms 2			2
OVAMED EYE	SURGERY C	ENTER OF MAR	YVILLE	Exam Rooms			0
12 MARYVILLE	E PROFESSIC	NAL CTR		Number of Recovery Sta	tions Stage	1	1
MARYVILLE, IL	62062			Number of Recovery Sta	tions Stage	2	1
Administrator Nicole Will			Date Complete 2/27/2013	Type of Ownership Limited Liability Company (RA required)			
Registered Age	ent			HOSPITAL TE	RANSFER	RELATIONSH	IIPS
John Lawren	ce			HOSPITAL NAME			R OF PATIENTS
roperty Owne	r			Anderson Hospital, Mary	ville, IL		0
S&D Limited	Partnership			Gateway Regional Medic		Granite City,	IL 0
.egal Owner(s)	i						0
Wen Y. Chen M NovaMed Mana		ces II C		STAFFI	NG PATTE	RNS	
Novalvied Maria Michael P. Jone	-	,03, LLU		PERSONNEL	FULI	-TIME EQUI	/ALENTS
Edward A. Dois				Administrator			1.00
Bart A. Jones M	,			Physicians			0.00
Jait A. Jones IV	1.D.			Nurse Anesthetists			0.00
				Director of Nurses			0.00
				Registered Nurses			3.50
				Certified Aides			0.00
				Other Health Profs. Other Non-Health Profs			1.70 1.80
				TOTAL			8.00
				Monday	HOURS OF	OPERATION	<u>8</u>
				Tuesday			10
				Wednesday			10
				Thursday			10
				Friday			8
				Saturday			0
				Sunday			0
	BER OF PATIE	ENTS BY AGE G	ROUP	NUMBER OF PATIENT	S BY PRI	MARY PAYM	ENT SOURCE
NUME		FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
AGE	MALE				46	49	95
AGE 0-14 years	0	0	0	Medicaid Medicare		1 00 1	
AGE 0-14 years 15-44 years	0 14	15	29	Medicare	629	1,034	1,663
AGE 0-14 years 15-44 years 45-64 years	0 14 225	15 300	29 525	Medicare Other Public	629 0	0	0
O-14 years 15-44 years 45-64 years 65-74 years	0 14 225 333	15 300 571	29 525 904	Medicare Other Public Insurance	629 0 385	0 550	0 935
O-14 years 15-44 years 45-64 years 65-74 years 75+ years	0 14 225 333 509	15 300 571 776	29 525 904 1,285	Medicare Other Public Insurance Private Pay	629 0 385 21	0 550 29	0 935 50
AGE	0 14 225 333	15 300 571	29 525 904	Medicare Other Public Insurance	629 0 385	0 550	0 935
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	0 14 225 333 509	15 300 571 776 1,662	29 525 904 1,285 2,743	Medicare Other Public Insurance Private Pay Charity Care	629 0 385 21 15	0 550 29 19	0 935 50 34
0-14 years 15-44 years 45-64 years 65-74 years 75+ years	0 14 225 333 509 1,081	15 300 571 776 1,662	29 525 904 1,285 2,743	Medicare Other Public Insurance Private Pay Charity Care TOTAL OR SOURCE FOR FISCAL YEAR	629 0 385 21 15 1,096	0 550 29 19	0 935 50 34

478,565

0

50,849

2,733,925

9,059

2,119,906

84,605

0%

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	0	0.00	0.00	0.00	0.00

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	1	536	53.6	10.6	64.2	0.12
multi opht	1	2207	593	385	978	0.44
Pain Management	0	0	0	0	0	0.00
TOTALS	2	2743	646.6	395.6	1042.2	0.38

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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Reference Numbers	Facility Id 70	003134	Number of Operating Rooms	1	
Health Service Area 011	Planning Se	rvice Area 163	Procedure Rooms	0	
PHYSICIANS' SURGICAL CEN	ITER, LLC		Exam Rooms	0	
311 W. LINCOLN, SUITE 300			Number of Recovery Stations Stage 1	2	
BELLEVILLE, IL 62220			Number of Recovery Stations Stage 2	0	
Administrator		Date Complet	Type of Ownership		
Beverly LeMaster		1/31/201	Limited Liability Company (RA required)		
Registered Agent			HOSPITAL TRANSFER RELAT	TIONSHIPS	
National Registered Agents			HOSPITAL NAME	NUMBER OF PATIENTS	
Property Owner			ST. ELIZABETHS HOSPITAL, BELLEVIL		
			0=	(
				(
.egal Owner(s)				(
-5				(
Robert Garner MD			CTACCINO DATTERNO		
Murray McGrady MD			STAFFING PATTERNS PERSONNEL FULL-TIME	EOUNAL ENTO	
Mitchell Needleman DPM				EQUIVALENTS	
Meridian Surgical Partners			Administrator	1.00	
Kosit Prieb MD			Physicians	0.00	
Kim Reichert DPM			Nurse Anesthetists 0.00		
Eric Whittenburg DPM			Director of Nurses 0.00		
Eric Snook DPM			Registered Nurses 4.00 Certified Aides 0.00		
			Other Health Profs. 0.00		
Christopher Dugan DPM			Other Non-Health Profs 1.00		
Carl Lee					
			TOTAL	7.00	
			DAYS AND HOURS OF OPER		
			Monday	11	
			Tuesday	11	
			Wednesday	11	
			Thursday	11	
			Friday	11 0	
			Saturday Sunday	0	
NUMBER OF PATIE	NTS BY AGE G	ROUP	NUMBER OF PATIENTS BY PRIMARY		
AGE MALE	FEMALE	TOTAL		MALE TOTAL	
0-14 years 58	42	100	Medicaid 54	72 126	
15-44 years 184	264	448	Medicare 193	312 505	
45-64 years 353	487	840	Other Public 101	93 194	
65-74 years 154	187	341	Insurance 451	620 1,071	
75+ years 53	122	175	Private Pay 3	5 8	
TOTAL 802	1,102	1,904	Charity Care 0	0 0	
			TOTAL 802	1,102 1,904	

Expense as % of Medicare Medicaid Other Public Private Insurance Private Pay **TOTALS** Care Total Net Revenue Expense 27.0% 3.6% 14.4% 54.9% 0.2% 100.0% 335,073 5,104,302 14,346 9,305,728 0 0% 2,511,772 1,340,235

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	969	174.75	257.25	432.00	0.45
General Surgery	3	1.50	42.00	43.50	14.50
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	332	91.00	70.88	161.88	0.49
Pain Management	250	33.75	47.38	81.13	0.32
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	350	191.00	101.75	292.75	0.84
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1904	492.00	519.26	1011.26	0.53

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development Page 282 of 282 1/7/2014